



Adams

Living Hope

Name & Main Office Address: Michael Schneider, Ph.D. (217) 641-0945 Phone:

2272 Chestnut (217) 641-0945 Fax:

Quincy, IL 62301 Email: mikejoe@adams.net Services Provided: English

Language(s): Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LPC #071-005940, Missouri #PY 01367 All treatment provider qualifications? Treatment? Yes Yes

Adult? No All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes Yes

Midwest Counseling

Name & Main Office Address: Bryan Denure Phone: (309) 241-0885

15 S. Capitol, Suite 207 Fax: Pekin, IL 61554 Email:

Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications:

Licenses: IL LPC #180-005002, CRADC Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? No Juvenile? No All applicant attestation qualifications: Yes

Name & Main Office Address: Keir L. Goatley Phone: (217) 726-8744

917 Clocktower Dr. #420 Fax:

Springfield, IL 62704 Email: kgoatley@ameritech.net Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC-#180-004321, (IDPR), CCBT, ATLSA, Licenses: Treatment? Yes All treatment provider qualifications?

IL-ATSA

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Gil Pilapil Phone: (309) 241-0885

15 S. Capitol, Suite 207 Fax: Pekin, IL 61554

Email: Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications: Licenses: None

Treatment? Yes All treatment provider qualifications? Yes Adult? No Yes All evaluation provider qualifications? Juvenile? No All applicant attestation qualifications: Yes

Alexander

Juvenile?

Yes

Delta Center, Inc.

Name & Main Office Address: Wendy Ice Phone: (618) 734-2665 x258

1400 Commercial Avenue (618) 734-1999 Fax:

Cairo, IL 62914 Email: wendie_ice@yahoo.com Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications:

None Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? No Juvenile? All applicant attestation qualifications: Yes Nο

First Judicial Circuit of Illinois-Probation & Court Services

All applicant attestation qualifications:

Name & Main Office Address: Marlynn A. Frailey Phone: (618) 993-1840 201 W. Main Fax: (618) 993-1865

Marion, IL 62959 Fmail: mfrailey@firstcircuitprobation.com Services Provided:

English Language(s): Evaluations?

Yes Provider Meets the following qualifications: Licenses: CAC; IAODAPCA #6771 Treatment? No All treatment provider qualifications? No

Adult? Yes All evaluation provider qualifications? Yes

Yes



Phone:

Licenses:

Phone:

Fax:

Email:

Language(s):

Language(s):

Licenses:

Licenses:

Fax:



Alexander

Massac County Mental Health

Name & Main Office Address: Patricia Gillespie Phone: (618) 524-9368 206 W. 5th Street (618) 524-9551 Fax: Metropolis, IL 62960

Email: Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications:

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? No

Juvenile? All applicant attestation qualifications: Yes Yes

Name & Main Office Address: Yvonne J. Rath

206 W. 5th Street

Metropolis, IL 62960 Services Provided:

Evaluations? No Provider Meets the following qualifications:

Yes All treatment provider qualifications? Yes Treatment? Adult? No All evaluation provider qualifications?

Yes Juvenile? Yes All applicant attestation qualifications: Yes Licenses:

Sexual Abuse Treatment Counselor, BS, MHP,

17 yrs experience

(618) 524-9368

(618) 524-9551

(618) 549-3587

(618) 549-2695

mealthoff@aol.com

English

English

English

IL LCPC-180-000271

Email: mcmh@hcis.net Language(s): English

> IL LCPC, NCC, MAC, CCJS, PCGC, CARF, Medicaid, Child Welfare, Substance Abuse -

IL LCP, IL Clinical Member - ATSA

Agency, Individual

Michael E. Althoff, Ph.D.

Name & Main Office Address: Michael E. Althoff, Ph.D.

201 E. Main, Suite 3D Carbondale, IL 62901

Services Provided:

Evaluations? Provider Meets the following qualifications: Yes

Treatment? Yes All treatment provider qualifications? Adult? Yes

All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Bond

Alternatives Counseling, Inc.

Name & Main Office Address: Donva Adkerson, MA Phone: (618) 288-8085

88 S. Main, Suite 2, P.O. Box 639 Fax: (618) 288-8959 Glen Carbon, IL 62034 donya2@aol.com Fmail:

Services Provided:

Evaluations? Provider Meets the following qualifications: Yes

Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Yes Yes

Juvenile? All applicant attestation qualifications:

Name & Main Office Address: (618) 288-8085 x202 Bethany A. Munge, M.A., Q.M.H.P. Phone:

88 S. Main, Suite 2, P.O. Box 639 (618) 288-8959 Fax: Glen Carbon, IL 62034

Email: Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications: Licenses: None Treatment? Yes Yes

All treatment provider qualifications? Adult? Yes All evaluation provider qualifications? No Juvenile? Yes All applicant attestation qualifications: Yes

Darlene M. Bushue, M.A., LCPC

Name & Main Office Address: #Error Phone: (618) 444-7736

Fax: Fmail: Services Provided:

Language(s): Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC 180-004485 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? No All applicant attestation qualifications: Yes





Boone

Brown Counseling & Consulting

Name & Main Office Address: Jeffrey R. Brown Phone: (812) 887-5431 2622 Washington Avenue (812) 886-3010 Fax: Vincennes, IN 47591

Services Provided:

Evaluations? Yes Provider Meets the following qualifications: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Email: lazlo81@charter.net

Language(s):

ACSW; LCSW, IL #148-008300 & IN Licenses:

#34001119A; CADC III; ATSA

Centegral HealthSystem/Horizons

Name & Main Office Address: Robert Meyer Phone: (815) 338-9199 527 W. South Street Fax: (815) 338-9205 Woodstock, IL 60098 rmeyer3@charter.net Email: Services Provided:

English

Language(s): Evaluations? Yes Provider Meets the following qualifications:

Licenses: Ph.D., LCP, Fellow Academy of Forensic Treatment? No All treatment provider qualifications? No Psychologist

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Community Counseling Center, Ltd.

Jeffrey A. Martin Name & Main Office Address: (815) 338-7749 Phone

666 Russell Court, Suite 105 Fax: (815) 338-7728 Woodstock, IL 60098 Email: ccc@imaxx.net

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCSW 149-003373 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes

Yes All applicant attestation qualifications: Juvenile? Yes

Forensic Psych Associates, Ltd.

Name & Main Office Address: Robert H. Gordon, Ph.D. Phone: (312) 917-1610

203 N. LaSalle Street, #2100 Fax: (608) 756-5174 Chicago, IL 60601 rgordon@forensicpsych.com

Fmail:

Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes Licenses: IL LCP Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Yes Juvenile? All applicant attestation qualifications: Yes

Glenwood Testing Center

Name & Main Office Address: Frank E. Cushing, Psy.D. Phone: (815) 968-8133 2823 Glenwood Avenue Fax: (815) 968-4656

Rockford, IL 61101 Fmail: fec@juno.com English

Services Provided: Evaluations? Yes Provider Meets the following qualifications:

Language(s): Licenses: IL LCP #071-002590 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Kyle Cushing, Psy.D. Phone: (815) 968-5342 2823 Glenwood Avenue

Fax: (815) 968-4656 Rockford, IL 61101 Fmail: drcushing@juno.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCP, Consulting Forensic Examiner Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes



Services Provided:

Sex Offender Management Board Approved Provider List - By County



Boone

Jeffrey B. Sundberg

Name & Main Office Address: (815) 332-8342 Jeffrey B. Sundberg Phone: P. O. Box 17044, 610 A East State Street (815) 332-8342 Fax:

Rockford, IL 61110 Services Provided:

Language(s): Evaluations? Yes Provider Meets the following qualifications:

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

All applicant attestation qualifications: Juvenile? Yes Yes Email:

Licenses: IL LCSW #149-003876, ACSW, ATSA Member

Northwest Treatment Associates

Name & Main Office Address: Carol Fetzner Phone: (815) 337-1234 645 McHenry Avenue Fax: (815) 337-5653

Woodstock, IL 60098 Email:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC #180-000371, NCC 27767 Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes No All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Patrick C. Littlejohn, MA, NCC, LCPC Phone: (815) 337-1234

645 McHenry Avenue Fax: (847) 608-8570

Woodstock, IL 60098 Email: pclittlejohn@hotmail.com Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes

IL LCPC, National Certified Counselor, Clinical Licenses: Treatment? Yes All treatment provider qualifications? Member-ATSA

Adult? No All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Phone: (815) 337-1234 Bonnie E. Marable

645 McHenry Avenue Fax: (847) 608-8572

Woodstock, IL 60098 Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCP #071-006480; IN Psychologist Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Nο All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Cheryl R. Runion Phone: (847) 608-8570 1185 Dundee Avenue, E-1

Fax: (847) 608-8576 Elgin, IL 60120 Fmail: j.runion@comcast.net

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC, CADC, CCJP, NCC Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications?

Juvenile? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Dr. Jim Webster, PsvD Phone: (815) 337-1234

1185 Dundee Avenue, E-1 Fax: (815) 337-5653 Elgin, IL 60120

Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: None Treatment? Yes All treatment provider qualifications? Yes

All evaluation provider qualifications? Juvenile? All applicant attestation qualifications: Yes

RITAS Ministry

No

Name & Main Office Address: Judith "Jude" C. Skallerup Phone: (630) 966-0252 325 E. Galena Fax: (630) 966-0005

Aurora, IL 60505 Fmail:

Services Provided:

Adult?

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC-180-004615, CSOTS Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes

Yes



CSOTS



Boone

Welch, Psy.D., William H.

Name & Main Office Address: William H. Welch, Psy.D. (815) 316-7604 Phone:

810 E. State Street, Suite 304 (815) 316-7614 Fax: Rockford, IL 61104

Email: neuropsyd@gmail.com Services Provided: Language(s):

English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCP, ATSA Clinical Member, IL ATSA, Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes

All applicant attestation qualifications: Juvenile? Yes Yes

Bureau

Juvenile?

Juvenile?

Yes

Yes

7th Fire Counseling

Name & Main Office Address: Leo J. Meagher Phone: (815) 433-4829

218 W. Madison Street Fax: (815) 433-4028 Ottawa, IL 61350 Email: chawk@mtco.com

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC, Clinically Cert. Forensic Counselor, Licenses: Treatment? All treatment provider qualifications? Yes Yes Clinically Cert. DV Counselor, Cert. Clinical Adult? Yes All evaluation provider qualifications? Yes Criminal Justice Specialist, Master Addiction

All applicant attestation qualifications: Counselor, Cert. Diplomate in Clinical Hypnothe Juvenile? No Yes

Alliances Counseling Services

Name & Main Office Address: Ronelle Allen Phone: (815) 285-3073

119 W. First Street, Suite 110 Fax: (815) 285-3103 Dixon, IL 61021 alliances@cin.net Email:

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: IL LCPC Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: **Brian Smith** Phone: (815) 285-3073 119 W. First Street, Suite 110

Fax: (815) 285-3103 Dixon, IL 61021 Fmail: alliances@cin.net Services Provided:

English Language(s): Provider Meets the following qualifications: **Evaluations?** Yes

Licenses: IL LCSW Treatment? Yes All treatment provider qualifications? Yes

All evaluation provider qualifications? Adult ? Juvenile? Yes All applicant attestation qualifications: Yes

Family Services Agency of DeKalb County, Inc.

Name & Main Office Address: Kathleen M. Alberts, MSW, LCPC Phone (815) 758-8618 14 Health Services Drive (815) 758-7569 Fax:

DeKalb, IL 60115 Email: Services Provided:

Language(s): Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC #180-004462; Certified Sex Offender Treatment? Yes All treatment provider qualifications? Yes

Yes

Tx Specialist Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications:

Family, Divorce & Mediation of Ogle County

Name & Main Office Address: Kathleen M. Alberts, MSW, LCPC Phone: (815) 562-8818 1500 West Lincoln Avenue (815) 562-8818 Fax:

Rochelle, IL 61068 Email: Services Provided:

All applicant attestation qualifications:

Language(s): Evaluations? Provider Meets the following qualifications: Yes IL LCPC #180-004462; Certified Sex Offender Licenses:

Treatment? Yes All treatment provider qualifications? Yes Tx Specialist Adult? Yes All evaluation provider qualifications? Yes

Yes

Generated: 2006 June 23 Page 5 of 204 rpt_somb_ap_by_county





Bureau

Youth Service Bureau of Illinois Valley

Name & Main Office Address: Lisa Kay Gustafson (815) 433-3953 Phone: 424 W. Madison (815) 433-3980 Fax: Ottawa, IL 61350 Email: lisa@ysbiv.org

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC #180-004529 Treatment? Yes All treatment provider qualifications? Yes

Adult? No All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Cynthia Robinson Phone: (815) 433-3953 424 W. Madison Fax: (815) 433-3980 Ottawa, IL 61350

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCSW #149-007877 All treatment provider qualifications? Yes Treatment? Yes

Adult? No All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Calhoun

Alternatives Counseling, Inc.

Name & Main Office Address: Donya Adkerson, MA Phone: (618) 288-8085 88 S. Main, Suite 2, P.O. Box 639 Fax: (618) 288-8959 Glen Carbon, IL 62034 Email: donya2@aol.com Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Yes Yes

Name & Main Office Address: Bethany A. Munge, M.A., Q.M.H.P. Phone: (618) 288-8085 x202 88 S. Main, Suite 2, P.O. Box 639 Fax: (618) 288-8959

Glen Carbon, IL 62034

Email: Services Provided:

Language(s): Evaluations? Nο Provider Meets the following qualifications: Licenses: Treatment? All treatment provider qualifications? Yes Yes

Adult? Yes All evaluation provider qualifications? No Juvenile? Yes All applicant attestation qualifications: Yes

Darlene M. Bushue, M.A., LCPC

Name & Main Office Address: #Error Phone: (618) 444-7736

Fax:

Email:

Licenses:

cindy@ysbiv.org

IL LCPC-180-000271

English

None

Email: Services Provided:

Language(s): Evaluations? Yes Provider Meets the following qualifications: IL LCPC 180-004485 Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Yes Nο

Carroll

Alliances Counseling Services

Yes

Name & Main Office Address: Ronelle Allen Phone: (815) 285-3073 119 W. First Street, Suite 110 Fax: (815) 285-3103 Dixon, IL 61021 alliances@cin.net

Services Provided:

Juvenile?

Language(s): English Evaluations? Yes Provider Meets the following qualifications: IL LCPC Licenses: Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

All applicant attestation qualifications:

Yes





Carroll

Alliances Counseling Services

Name & Main Office Address: Brian Smith

119 W. First Street, Suite 110

Dixon, IL 61021 Services Provided:

Evaluations? Yes Provider Meets the following qualifications: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes Yes

Family Services Agency of DeKalb County, Inc.

Name & Main Office Address: Kathleen M. Alberts, MSW, LCPC Phone: 14 Health Services Drive Fax:

DeKalb, IL 60115

Services Provided:

Evaluations? Yes Provider Meets the following qualifications:

Treatment? Yes All treatment provider qualifications? Adult? Yes Yes All evaluation provider qualifications?

Juvenile? Yes All applicant attestation qualifications:

Yes

Yes

Email: Language(s): English

> IL LCPC #180-004462; Certified Sex Offender Licenses:

(815) 285-3073

(815) 285-3103

(815) 758-8618

(815) 758-7569

(815) 968-8133

English

drcushing@juno.com

English

IL LCP #071-002590

alliances@cin.net

English

IL LCSW

Phone:

Fax:

Email:

Language(s):

Licenses:

Phone

Language(s):

Licenses:

Email:

Tx Specialist

Glenwood Testing Center

Name & Main Office Address: Frank E. Cushing, Psy.D.

2823 Glenwood Avenue Fax: (815) 968-4656 Rockford, IL 61101 Email: fec@juno.com

Services Provided:

Evaluations? Yes Provider Meets the following qualifications: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications? Juvenile? All applicant attestation qualifications: Yes Yes

Name & Main Office Address: Kyle Cushing, Psy.D.

Phone: (815) 968-5342 2823 Glenwood Avenue Fax: (815) 968-4656 Rockford, IL 61101

Services Provided:

Language(s): Evaluations? Yes Provider Meets the following qualifications: Licenses:

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Jeffrey B. Sundberg

Services Provided:

Services Provided:

Name & Main Office Address: Jeffrey B. Sundberg

> P. O. Box 17044, 610 A East State Street Fax:

Rockford, IL 61110

Evaluations? Yes Provider Meets the following qualifications: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Yes Yes

Phone: (815) 332-8342

(815) 332-8342

Email:

Language(s):

Licenses: IL LCSW #149-003876, ACSW, ATSA Member

IL LCP, Consulting Forensic Examiner

Cass

Clinical Systems, Inc.

Name & Main Office Address: Louis M. Douglas Phone: (217) 529-2142

3151 Butler Fax: Springfield, IL 62703

Email: Idouglas@insightbb.com

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

LPC, CADC, CCJP, MISA II Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes





Certified DV Counselor #F18394

Cass

Clinical Systems, Inc.

Name & Main Office Address: Michael G. Howie (217) 529-2142 Phone: 3151 Butler (217) 529-2174 Fax:

Springfield, IL 62703 Email: mhowie1@earthlink.net

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC Treatment? No All treatment provider qualifications? No

Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Yes No

Name & Main Office Address: Karen L. Streight Phone: (271) 529-2142 3151 Butler

Fax: (217) 529-2174 Springfield, IL 62703

Services Provided:

Email: clinicalsystems@yahoo.com Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC #180-003070 Yes All treatment provider qualifications? Yes Treatment?

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Gregory S. Viniard

Name & Main Office Address: Gregory S. Viniard Phone: (217) 529-2142

3151 Butler (217) 529-2174 Fax: Springfield, IL 62703

Email: Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes

IL LCPC #180-003061, Clinically Certified Licenses: Treatment? Yes All treatment provider qualifications? Forensic Counselor #F18393, Clinically

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Terry D. Campbell, MS

Terry D. Campbell, MS Name & Main Office Address: Phone: (217) 566-2552 P.O. Box 17 Fax: (217) 566-2552

Sherman, IL 62684 Email: campbell@warpnet.net Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LPC-#180-005797 Licenses: Treatment? All treatment provider qualifications? Yes Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? No All applicant attestation qualifications: Yes

Champaign

Art Therapy and Counseling Services

Name & Main Office Address: Laurie A. Cox Phone: (309) 452-5326

> 101 E. College Avenue, Suite D Fay: (309) 452-5356 Normal, IL 61761 coxlaurie@msn.com

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC, CADC Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Bohlen & Associates, SC

Name & Main Office Address: Joseph G. Bohlen, MD, Ph.D. Phone: (217) 546-3100 3001 Spring Mill Drive, Suite D

Fax: (217) 546-3284 Springfield, IL 62704

Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL Physicians & Surgeons Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? No Yes





Champaign

Community Resource and Counseling Center

Name & Main O	ffice Address:	Laurelyn Cropek P.O. Box 162 Paxton, IL 60957		Phone: (217) 379-4302 Fax: (217) 379-4304
Services Provide	ed:	1 axion, 12 00337		Email: crcc@illicom.net
Evaluations?	No	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	<u> </u>	Yes	Licenses: IL LCSW-149-005667
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	No	All applicant attestation qualifications:	Yes	
Name & Main O	ffice Address:	Laurie A. Gilbert		Phone: (217) 379-4302
		P.O. Box 162		Fax: (217) 379-4304
Services Provide	ed:	Paxton, IL 60957		Email: lgilbert@4crcc.org
Evaluations ?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	• •	Yes	Licenses: IL LCSW-149-010484
Adult ?	Yes		Yes	
Juvenile ?	Yes	' '	Yes	
Name & Main O		Christine Mayer	103	Phone: (217) 379-4302
widin O	50 / (441005.	P.O. Box 162		Fax: (217) 379-4304
0 . 5		Paxton, IL 60957		Email: ccrc@illicom.net
Services Provide		D 11 M 11 CH 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Language(s): English
Evaluations?	No	Provider Meets the following qualifications:	.,	Licenses: IL LCSW-149.009275
Treatment ?	Yes	· ·	Yes	LIGHTISCS. IE LOOW 140.000210
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	No		Yes	
Name & Main O	ffice Address:	Jeffrey C. Reynolds P.O. Box 162		Phone: (217) 379-4302
		Paxton, IL 60957		Fax: (217) 379-4304
Services Provide	ed:			Email: jreynolds@4crcc.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC #180-004199
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	No	All applicant attestation qualifications:	Yes	
Kleppin, l	MS.Ed., L	CPC, CADC, Kleppin		
Name & Main O	ffice Address:	Michael Kleppin, MS.Ed., LCPC, CADC		Phone: (217) 398-0413
		P. O. Box 416		Fax: (217) 239-6616
Services Provide	ed:	Saboy, IL 61874		Email:
Evaluations ?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes		Yes	Licenses: IL LCPC-#180-005001, CADC
Adult?	Yes	· · ·	Yes	·
Juvenile ?	Yes	· · ·	Yes	
Kling, Joa			1 03	
•				Discos (047) 044 4700
Name & Main O	ffice Address:	Joanna Kling, M.Ed., LCPC 507 W. Springfield Avenue Urbana, IL 61801		Phone: (217) 344-4722 Fax: (217) 344-4733
Services Provide	ed:	ondaria, in order		Email: jokling611@insightbb.com
Evaluations?	No	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes		Yes	Licenses: IL LCPC, NBCC
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	·	Yes	





Champaign

Onarga Academy

Onarga A	l <i>cademy</i>			
Name & Main C	Office Address:	Rebecca Cunningham 104 N. Locust Onarga, IL 60955		Phone: (815) 268-4001 Fax: (815) 268-7977
Services Provid	led:	Charga, IE 00000		Email: rcunnin@nexus-ona.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC #180-001150
Adult ?	No	All evaluation provider qualifications?	⁄es	
Juvenile?	Yes	All applicant attestation qualifications: Y	⁄es	
Name & Main C		William D. Featherstone 104 N. Locust Onarga, IL 60955		Phone: (815) 268-4001 Fax: (815) 268-7977 Email: bfeathe@nexus-ona.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	• •	⁄es	Licenses:
			res Yes	
Adult ?	No			
Juvenile ?	Yes		res	Disc. (045) 000 4004
Name & Main C		Douglas C. Gossett, M.A., LCPC 104 N. Locust Onarga, IL 60955		Phone: (815) 268-4001 Fax: (815) 268-7977 Email: dgossset@nexus-ona.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes		⁄es	Licenses: IL LCPC #180-005298
Adult ?	No		res	
Juvenile ?	Yes	· ·	res	
Name & Main C		Jamie Kozma	163	Phone: (815) 268-4001
name & Main C	Jilice Address:	104 N. Locust		Fax: (815) 268-7977
Services Provid	ded:	Onarga, IL 60955		Email: jkozma@nexus-ona.org
Evaluations ?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	• •	⁄es	Licenses: IL LCPC
Adult ?	No		res Yes	
Juvenile ?	Yes		res Yes	
Name & Main C		Bill Mitchell	162	Phone: (815) 268-4001
		104 N. Locust Onarga, IL 60955		Fax: (815) 268-7977 Email: wmitche@nexus-ona.org
Services Provid		D : 1 M : 1 C 1		Language(s): English
Evaluations?	Yes	Provider Meets the following qualifications:		Licenses: None
Treatment?	Yes	' '	res .	Licenses. None
Adult ?	No	' '	res .	
Juvenile ?	Yes	All applicant attestation qualifications: Y	res	
Name & Main C	Office Address:	Karen Robertie 104 N. Locust Onarga, IL 60955		Phone: (815) 268-4001 Fax: (815) 268-7977
Services Provid	led:	•		Email: krobert@nexus-ona.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	⁄es	Licenses: IL LCPC 180-005314
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes		⁄es	
Name & Main C	Office Address:	Michael D. Simpson 104 N. Locust		Phone: (815) 268-4001 Fax: (815) 268-7977
Services Provid	lad:	Onarga, IL 60955		Email: msimpso@nexus-ona.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
		Provider Meets the following qualifications:	/ 00	Licenses: IL LCPC 180-005921
Treatment ?	Yes	·	res roo	
Adult?	No Voc	' '	res	
Juvenile ?	Yes	All applicant attestation qualifications: Y	res	





Champaign

Juvenile?

Onarga Academy

 Name & Main Office Address:
 Tricia Renee St. Pierre
 Phone:
 (815) 268-4001

 104 N. Locust
 Fax:
 (815) 268-7977

 Onarga, IL 60955
 Onarga, IL 60955

Services Provided: Email: tstpier@nexus-ona.org

Evaluations? Yes Provider Meets the following qualifications: Language(s): English Treatment? Yes All treatment provider qualifications? Yes NCC

Adult? No All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Ryan Weidenbenner Phone: (815) 268-4001

104 N. Locust Fax: (815) 268-7977

Onarga, IL 60955

Services Provided: Construction Constru

Evaluations? Yes Provider Meets the following qualifications: Language(s): English
Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC

Adult? No All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

 Name & Main Office Address:
 Timothy E. White
 Phone:
 (815) 268-4001

 104 N. Locust
 Fax:
 (815) 268-7977

104 N. Locust Fax: (815) 268-7977 Onarga, IL 60955

Services Provided: Email: twhite@nexus-ona.org

Evaluations? Yes Provider Meets the following qualifications: Language(s): English
Treatment? Yes All treatment provider qualifications? Yes Licenses: None

Adult? No All evaluation provider qualifications? Yes

All applicant attestation qualifications:

Psychological & Counseling Center

 Name & Main Office Address:
 Ronald Matthew
 Phone:
 (715) 347-1311

 N7193 3rd Court
 Fax:
 (715) 344-8127

Westfield, WI 53964

Finall: ronlewmatt@yahoo.com

Services Provided: Email: ronlewmatt@ya
Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL #071-002091, WI #2434-057

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

William "Kip" Hillman, Psy.D.

 Name & Main Office Address:
 William "Kip" Hillman, Psy.D.
 Phone: (312) 933-0060

 4064 N. Lincoln, #290
 Fax: (773) 989-0275

Chicago, IL 60618 Email: kiphillman@yahoo.com

Yes

Services Provided: Email: kiphillman@ya

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL Psychology 071-003686

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

<u>Christian</u>

Christian County Mental Health

Name & Main Office Address: Joan M. Collodi, M.A., LCPC Phone: (217) 824-4905
430 N. Pawnee Fav: (217) 824-4905

430 N. Pawnee Fax: (217) 824-4905
Taylorville, IL 62568

Services Provided: Email:

Evaluations? No Provider Meets the following qualifications: Language(s): English
Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC

Adult? Yes All evaluation provider qualifications? No Juvenile? No All applicant attestation qualifications: Yes





Christian

Clinical Systems, Inc.

Name & Main Office Address: Louis M. Douglas Phone: (217) 529-2142

3151 Butler Fax: Springfield, IL 62703

Email: Idouglas@insightbb.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: LPC, CADC, CCJP, MISA II Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Michael G. Howie Phone: (217) 529-2142 3151 Butler

Fax: (217) 529-2174 Springfield, IL 62703 Email: mhowie1@earthlink.net

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC Treatment? No All treatment provider qualifications? No

Adult? Yes All evaluation provider qualifications? Yes Juvenile? No All applicant attestation qualifications: Yes

Name & Main Office Address: Karen L. Streight Phone: (271) 529-2142 3151 Butler Fax: (217) 529-2174

Springfield, IL 62703 Email: clinicalsystems@yahoo.com

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC #180-003070 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Cokley, Sunderland & Cokley

Name & Main Office Address: Robert L. Cokley, Ph.D. Phone: (217) 422-0053 348 West Prairie Avenue, Suite Fax: (217) 422-0374

Decatur, IL 62522

Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCSW- #149-000865, Doctorate Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes

Effingham County Probation Office

Name & Main Office Address: Sandy Taylor, MS, LCPC Phone: (217) 347-7931 106 N. Third Street Fax: (217) 347-2001

Effingham, IL 62401-3456 Email: sandy_taylor9@yahoo.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC #180-005527

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

Juvenile? No All applicant attestation qualifications: Yes

Gregory S. Viniard

Name & Main Office Address: (217) 529-2142 Gregory S. Viniard Phone: 3151 Butler Fax: (217) 529-2174

Springfield, IL 62703 Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC #180-003061, Clinically Certified Treatment? Yes All treatment provider qualifications? Yes

Forensic Counselor #F18393, Clinically Adult? Yes All evaluation provider qualifications? Yes Certified DV Counselor #F18394 Juvenile? Yes All applicant attestation qualifications: Yes





Clark

Human Resources Center of Edgar & Clark Counties

Name & Main Office Address: Rita C. Hay Phone: (217) 465-4118 118 E. Court Street (217) 826-3682 Fax: Paris, IL 61944 Email: rita.hay@hrcec.org Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: Treatment? Yes Yes

All treatment provider qualifications? Adult? No All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes Yes

Name & Main Office Address: Phone: (217) 465-4118 Rod Neeson 118 E. Court Street (217) 463-1899 Fax: Paris, IL 61944

Email: rod.neeson@HRCEC.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC #180-000647, National Board Yes All treatment provider qualifications? Yes Treatment? Certified Counselor, Masters Addiction

Adult? Yes All evaluation provider qualifications? Yes Counselor Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Kimberly B. Smith Phone: 118 E. Court Street Fax:

Paris, IL 61944 kim.smith@hrcec.org Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: IL LCSW Licenses: Treatment? Yes Yes All treatment provider qualifications?

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes Yes All applicant attestation qualifications:

Clay

Juvenile?

Brown Counseling & Consulting

Name & Main Office Address: Jeffrey R. Brown Phone: (812) 887-5431 2622 Washington Avenue Fax: (812) 886-3010 Vincennes, IN 47591 Fmail: lazlo81@charter.net Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

ACSW; LCSW, IL #148-008300 & IN Licenses: Treatment? Yes All treatment provider qualifications? Yes #34001119A; CADC III; ATSA

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Effingham County Probation Office

Name & Main Office Address: Sandy Taylor, MS, LCPC Phone: (217) 347-7931 106 N. Third Street Fax: (217) 347-2001 Effingham, IL 62401-3456

Email: sandy_taylor9@yahoo.com Services Provided:

Language(s): English

Evaluations? Yes Provider Meets the following qualifications: IL LCPC #180-005527 Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Yes No

Gary Lemmon and Associates, Inc.

Yes

Name & Main Office Address: Gary L. Lemmon Phone: (618) 378-3010 904 E. Main Fax: (618) 378-2308 Norris City, IL 62869

Fmail: glemmon@shawneelink.net Services Provided:

Language(s): Evaluations? Yes Provider Meets the following qualifications:

All applicant attestation qualifications:

Licenses: IL LCSW-#149-00164, Clinical Member ATSA Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

Yes

Generated: 2006 June 23 Page 13 of 204 rpt_somb_ap_by_county





Clinton

Alternatives Counseling, Inc.

Name & Main Office Address:	Donya Adkerson, MA	Phone:	(618) 288-8085
	88 S. Main, Suite 2, P.O. Box 639	Fax:	(618) 288-8959
Services Provided:	Glen Carbon, IL 62034	Email:	donya2@aol.com
Evaluations 2 Ves	Provider Meets the following qualifications:	Language	e(s): English

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC-180-000271

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Bethany A. Munge, M.A., Q.M.H.P. Phone: (618) 288-8085 x202

88 S. Main, Suite 2, P.O. Box 639 Fax: (618) 288-8959 Glen Carbon, IL 62034

Services Provided: Email:

Evaluations? No Provider Meets the following qualifications: Language(s): English
Treatment? Yes All treatment provider qualifications? Yes Licenses: None

Adult? Yes All evaluation provider qualifications? No Juvenile? Yes All applicant attestation qualifications: Yes

Community Resource Center

Name & Main Office Address: Thomas Sims 101 S. Locust Street Centralia, IL 62801 Fax: (618) 533-1391

Services Provided: Fax: (618) 533-0012

Email: simstwo@yahoo.com

Services Provided:

Evaluations? No Provider Meets the following qualifications:

Language(s): English

Licenses: IL LPC 178-003866

Treatment? Yes All treatment provider qualifications? Yes Licenses:

Adult? Yes All evaluation provider qualifications? No

Juvenile ?YesAll applicant attestation qualifications:YesName & Main Office Address:Dale H. Spitler
101 S. Locust StreetPhone:
Fax:(618) 533-1391
(618) 533-0012

Centralia, IL 62801
Services Provided: Email:

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW #149-003298, Academy of Certified Social Workers

Adult? Yes All evaluation provider qualifications? Yes

Yes

Yes

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Darlene M. Bushue, M.A., LCPC

Name & Main Office Address: #Error Phone: (618) 444-7736

Services Provided: Fax: Email:

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

All applicant attestation qualifications:

All applicant attestation qualifications:

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC 180-004485

Adult? Yes All evaluation provider qualifications? Yes

Effingham County Probation Office

No

No

Juvenile?

Juvenile?

Name & Main Office Address: Sandy Taylor, MS, LCPC Phone: (217) 347-7931 106 N. Third Street Fax: (217) 347-2001 Effingham, IL 62401-3456

Services Provided: Email: sandy_taylor9@yahoo.com

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC #180-005527

Adult? Yes All evaluation provider qualifications? Yes





Clinton

Linda Stover and Associates

Name & Main Office Address: Linda Stover, M.S.Ed, LCPC, CCJS, CSOTS Phone: (618) 322-2811 417 E. Calumet Fax: (618) 532-6805 Centralia, IL 62801

Services Provided: Email: Istover@netwitz.net

Evaluations ? Yes Provider Meets the following qualifications: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC, Certified Criminal Justice Specialist, ATSA Member, Certified Sex Offender

Adult? Yes All evaluation provider qualifications? Yes Treatment Specialist

Juvenile? Yes All applicant attestation qualifications: Yes

Provident Counseling

 Name & Main Office Address:
 Caroline M. Foss 2650 Olive Street
 Phone:
 (314) 371-6500 x1127

 Fax:
 (314) 371-6508

St. Louis, MO 63103
Services Provided:

St. Louis, MO 63103
Email: cfoss@providentc.org

Evaluations? Yes Provider Meets the following qualifications:

Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: None

Treatment? Yes All treatment provider qualifications? Yes Licenses:

Adult? Yes All evaluation provider qualifications? Yes

Juvenile ? No All applicant attestation qualifications: Yes

Name & Main Office Address: James M. Moll Phone: (314) 802-2598 2650 Olive Street Fax: (314) 371-6508 St. Louis, MO 63103

Services Provided:

Evaluations? Yes Provider Meets the following qualifications:

Evaluations: Email: jm@providentc.org

Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: None

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? No All applicant attestation qualifications: Yes

Name & Main Office Address: Margaret A. Schicker Phone: (314) 371-6500

2650 Olive Street Fax: (314) 371-6508 St. Louis, MO 63103

Services Provided: Email: margaret.schicker@providentc.org

Evaluations? Yes Provider Meets the following qualifications: Language(s): English
Treatment? Yes All treatment provider qualifications? Yes Licenses: LCSW

Adult? Yes All treatment provider qualifications? Yes Electross. Lectross.

All treatment provider qualifications? Yes

All applicant attestation qualifications:

Psychology Associates

No

Juvenile?

 Name & Main Office Address:
 W. David McEchron
 Phone:
 (563) 355-2577

 4455 E. 56th Street
 Fax:
 (563) 355-4015

Davenport, IA 52807

Services Provided:

Davenport, IA 52807

Email: mcechronw@genesishealth.com

Services Provided:

Evaluations ? Yes Provider Meets the following qualifications: Language(s): English , Spanish

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCP-#071-006817; CPQ #144

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Stanislaus, MD, Angeline

Name & Main Office Address: Angeline Stanislaus, M.D. Phone: (618) 791-1777

621 S. New Ballas Road, Suite 268A Fax: St. Louis, MO 63141

St. Louis, MO 63141
Services Provided: Email:

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL Medical License #036-102686 ; Certification

Yes

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? No All applicant attestation qualifications: Yes



Language(s):

Licenses:

English

IL LCP #071-004262



Coles

Coles County Mental Health Center

Name & Main Office Address: Howard Levine, Ph.D., LCP Phone: (217) 234-6405 1300 Charleston Ave., P.O. Box 1307 (217) 258-6136 Fax: Mattoon, IL 61938 Email: hlevine@ccmhc.org

Services Provided:

Evaluations? Yes Provider Meets the following qualifications: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? No Yes

Debbie Cunningham

Name & Main Office Address: Debbie Cunningham Phone: (217) 343-6314

14031 E. Co. Rd 150N Fax: Lerna, IL 62440

Email: baggsly@consolidated.net Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications: IL LCSW Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? All evaluation provider qualifications? Yes No Juvenile? No All applicant attestation qualifications: Yes

Human Resources Center of Edgar & Clark Counties

Name & Main Office Address: Phone: Rita C. Hay (217) 465-4118 118 E. Court Street

Fax: (217) 826-3682 Paris, IL 61944 Email: rita.hay@hrcec.org

Evaluations? Yes Provider Meets the following qualifications:

Services Provided: Language(s): English Licenses: Treatment? Yes All treatment provider qualifications? Yes Adult? Nο All evaluation provider qualifications? Yes

Juvenile? All applicant attestation qualifications: Yes Yes Name & Main Office Address: Phone: (217) 465-4118 Rod Neeson

118 E. Court Street Fax: (217) 463-1899 Paris, IL 61944

Email: rod.neeson@HRCEC.org Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC #180-000647, National Board Treatment? All treatment provider qualifications? Yes Yes

Certified Counselor, Masters Addiction Adult? Yes All evaluation provider qualifications? Yes Counselor

Yes

Name & Main Office Address: Kimberly B. Smith Phone: 118 E. Court Street Fax:

All applicant attestation qualifications:

Paris, IL 61944 Email: kim.smith@hrcec.org

Services Provided: English Language(s):

Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCSW Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Kling, Joanna M.Ed., LCPC

Yes

Juvenile?

Name & Main Office Address: Joanna Kling, M.Ed., LCPC Phone: (217) 344-4722 507 W. Springfield Avenue Fax: (217) 344-4733 Urbana, IL 61801

Email: jokling611@insightbb.com Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications:

Licenses: IL LCPC, NBCC Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? No Yes Juvenile? All applicant attestation qualifications: Yes





Cook

Abdul Basit, Ph.D.

Name & Main Office Address: (708) 767-3452 Abdul Basit, Ph.D. Phone: 3612 W. Lincoln Highway, Suite 17 (708) 720-0130 Fax: Olympia Fields, IL 60461

Services Provided:

Evaluations? Yes Provider Meets the following qualifications: All treatment provider qualifications? Treatment? Yes Yes Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: No Yes

Email: abasit97@aol.com Language(s): Arabic, English, Hindi, Urdu

Licenses: IL LCP #071-005712

English, Spanish

English, Italian, Spanish

IL LCSW

IL LCSW

Adelante, P.C.

Name & Main Office Address: Eileen Arzani Phone: (773) 486-0031 1608 N. Milwaukee, Suite 407 (773) 486-1891 Fax: Chicago, IL 60647

Email:

Language(s):

Language(s):

Licenses:

Licenses:

Services Provided:

Services Provided:

Evaluations? Yes Provider Meets the following qualifications: Treatment? Yes All treatment provider qualifications? Yes Yes Yes

Adult? All evaluation provider qualifications? Juvenile? No All applicant attestation qualifications: Yes

Name & Main Office Address: (773) 486-0031 Evaristo Ruiz Phone: 1608 N. Milwaukee, Suite 407 Fax: (773) 486-1891

Email:

Chicago, IL 60647 Services Provided:

Evaluations? Provider Meets the following qualifications: Yes Treatment? Yes All treatment provider qualifications?

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Karen Stanbary

1608 N. Milwaukee, Suite 407 Fax:

Chicago, IL 60647

Evaluations? Yes Provider Meets the following qualifications: Treatment? Yes All treatment provider qualifications?

Yes Adult? Yes Yes All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes Phone: (773) 486-0031 (773) 486-1891

Email: Language(s): English, Spanish

IL LCSW Licenses:

Adler School of Professional Psychology

Name & Main Office Address: Robert T. Baker III, PsyD Phone: (312) 201-5900 65 W. Wacker Place, Suite 2200 Fax: (312) 201-5917 Chicago, IL 60601 Email: rtb@adler.edu Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes Licenses: IL LCP #071-006239

Affiliated Psychologists, LTD

Name & Main Office Address: Patrick Hoatlin, LCSW (773) 286-3100 Phone: 4801 W. Peterson Avenue, Suite 525 Fax:

Chicago, IL 60646

Email:

Services Provided: Evaluations? Yes

Provider Meets the following qualifications: Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes Juvenile? No All applicant attestation qualifications: Yes

(773) 777-7543

Language(s): English

Licenses: IL LCSW #149-011120



Juvenile?

Yes

Sex Offender Management Board Approved Provider List - By County



Cook

Affiliated	' Psycholo	ngists, LTD				
Name & Main O	Office Address:	Barry M. Leavitt, Psy.D. 4801 W. Peterson Avenue, Suite 525		Phone: Fax:	. ,	86-3100 77-7543
Services Provid	led:	Chicago, IL 60646		Email:	ckopen	y@ap-ltd.com
Evaluations ?	Yes	Provider Meets the following qualifications		Language	e(s): E	inglish
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:	IL	LCP, Hare Psychopathy Checklist (PCL-R
Adult ?	Yes	All evaluation provider qualifications?	Yes		C	Certification
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main O	Office Address:	Ray Quackenbush		Phone:	(773) 2	86-3100
		4801 W. Peterson Avenue, Suite 525		Fax:	(773) 7	77-7543
Services Provid	led:	Chicago, IL 60646		Email:	quaq@	earthlink.net
Evaluations ?	Yes	Provider Meets the following qualifications		Language	e(s): E	inglish
Freatment?	Yes	All treatment provider qualifications?	Yes	Licenses:	IL	Psychology License #091-006293, Clinica
Adult ?	Yes	All evaluation provider qualifications?	Yes		M	Member ATSA
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main O		Phil Reidda, Ph.D.	100	Phone:	(773) 2	86-3100
varile & Main O	nice Address.	4801 W. Peterson Avenue, Suite 525		Fax:		77-7543
		Chicago, IL 60646		Email:	` '	y@ap-ltd.com
Services Provid	led:					
Evaluations?	Yes	Provider Meets the following qualifications	:	Language	` '	inglish
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		_ LCP, Hare Psychopathy Checklist (PCL-R Certification, Diplomat American Board
Adult ?	Yes	All evaluation provider qualifications?	Yes			Professional Psychologists
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			· ·
Name & Main O	Office Address:	Laura T. Schultz, Psy.D.		Phone:	(773) 2	86-3100
		4801 W. Peterson Avenue, Suite 525		Fax:	(773) 7	77-7543
Services Provid	led:	Chicago, IL 60646		Email:		
Evaluations?	Yes	Provider Meets the following qualifications	:	Language(s): English		inglish
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:	IL	_ LCP
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main O	Office Address:	Pamela C. Van Wyk 4801 W. Peterson Avenue, Suite 525 Chicago, IL 60646		Phone: Fax:	(773) 7	21-7863 77-7543
Services Provid	led:	21110ag0, 12 000 10		Email:	•	11@illicom.net
Evaluations?	Yes	Provider Meets the following qualifications	:	Language	e(s): E	inglish
Treatment?	No	All treatment provider qualifications?	Yes	Licenses:		LCPC, IN-LMHC, AL-LMFT, ATSA Clinica
Adult ?	No	All evaluation provider qualifications?	Yes		N	Member
Juvenile ?	No	All applicant attestation qualifications:	Yes			
Allied Cou	unselina					
Name & Main O	_	Gerard J. Girdaukas, Ph.D. 49 Sherwood Terrace Lake Bluff, IL 60044		Phone: Fax:	` ,	15-1425 15-1409
Services Provid	led:	•		Email:		
Evaluations ?	Yes	Provider Meets the following qualifications	:	Language	` '	inglish
Treatment?	No	All treatment provider qualifications?	No	Licenses:	IL	LCP , Ph.D.
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Alternati	ve Behavi	ior Treatment Centers (AB)	TC)			
Name & Main O		Michael Albert 27255 N. Fairfield Road Mundelein, IL 60060	•	Phone: Fax:	(847) 4	87-9455 87-9360
				Email:	malhar	t@abtc-centers
Services Provid	led:					
	led: Yes	Provider Meets the following qualifications	:	Language	e(s): E	inglish
Services Provid Evaluations ? Treatment ?		Provider Meets the following qualifications All treatment provider qualifications?	: Yes		e(s): E	

Yes

All applicant attestation qualifications:





Cook

Alternative Behavior Treatment Centers (ABTC)

Name & Main O	Office Address:	Jenny Anderson 27255 N. Fairfield Road Mundelein, IL 60060		Phone: (847) 587-7905 Fax: (847) 487-9360
Services Provid	led:	Mundeleni, ic 00000		Email: janderson@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications	i:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LSW
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Jenifer Brickman		Phone: (847) 487-9455
		27255 N. Fairfield Road		Fax: (847) 487-9360
Services Provid	lad:	Mundelein, IL 60060		Email: jbrickman@abtc-centers.org
Services Provid Evaluations ?	Yes	Provider Moets the following qualifications		Language(s): English
		Provider Meets the following qualifications		Licenses: IL LCSW-149-010065
Treatment?	Yes	All treatment provider qualifications?	Yes	
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	Dharas (047) 407 0455 2000
Name & Main C	mice Address:	Arturo Gudino, Jr. 715 Lake Street		Phone: (847) 487-9455 x226
		Oak Park, IL 60301		Fax: (708) 386-8145
Services Provid	led:			Email: agudino@abtc-centers.org
Evaluations ?	No	Provider Meets the following qualifications	::	Language(s): English , Spanish
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC#180-004330
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main O	Office Address:	Michael Igaravidez, Psy.D.		Phone: (847) 487-9455
		715 Lake Street		Fax: (708) 386-8145
Services Provid	lod:	Oak Park, IL 60301		Email: migaravidez@abtc-centers.org
		Provider Moets the following qualifications		Language(s): English
Evaluations?	Yes	Provider Meets the following qualifications		Licenses: IL LCP #071-006172
Treatment?	Yes	All evaluation provider qualifications?	Yes	
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	Di (047) 407 0455
Name & Main C	mice Address:	Theresa Jackson 715 Lake Street		Phone: (847) 487-9455
		Oak Park, IL 60301		Fax: (708) 848-6176
Services Provid	led:			Email: tjackson@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications	::	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LSW-#150-006805
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main O	Office Address:	Dawn Livorsi		Phone: (847) 487-9455
		27255 N. Fairfield Road		Fax: (847) 487-9360
Services Provid	led:	Mundelein, IL 60060		Email: dlivorsi@abtc-centers.org
Evaluations?	Yes	Provider Meets the following qualifications	·	Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	Dhono: (947) 497 0455
Name & Main C	nice Address:	Deborah May 27255 N. Fairfield Road		Phone: (847) 487-9455
		Mundelein, IL 60060		Fax: (847) 487-9360
Services Provid	led:			Email: dmay@abtc-centers.org
Evaluations?	Yes	Provider Meets the following qualifications	: :	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	





Cook

Alternative Behavior Treatment Centers (ABTC)

Name & Main C	Office Address:	Robin McGinnis, MSW 27255 N. Fairfield Road Mundelein, IL 60060		Phone: (847) 487-9455 Fax: (847) 487-9360
Services Provid	led:			Email: rmcginnis@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications	s:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Becky Palmer		Phone: (708) 386-8145 x23
		715 Lake Street		Fax: (708) 848-6176
Services Provid	ded:	Oak Park, IL 60301		Email: bpalmer802@aol.com
Evaluations?	Yes	Provider Meets the following qualifications	s·	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C		Melissa Pannell	163	Phone: (847) 487-9455 x145
INALLIE & MAILE	Ance Address.	27255 N. Fairfield Road		Fax: (847) 487-9360
		Mundelein, IL 60060		
Services Provid	led:			Email: mpannell@abtc-centers.org
Evaluations?	Yes	Provider Meets the following qualifications	S:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LPC, ABEL Certified
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Lauren Parks		Phone: (847) 487-9455 x146
		27255 N. Fairfield Road Mundelein, IL 60060		Fax: (847) 487-9360
Services Provid	ded:	Mundelein, ic 60000		Email: lparks@abtc-centers.org
Evaluations?	Yes	Provider Meets the following qualifications	s:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Kevin J. Robson		Phone: (847) 487-9455 x165
		27255 N. Fairfield Road		Fax: (847) 487-9037
Services Provid	ded:	Mundelein, IL 60060		Email: krobson@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications	· ·	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: First Aid, CPR Part I, Surrogate PatientTraine
Adult?	No		No	, , , ,
		All evaluation provider qualifications?		
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	Dhara. (047) 407 0455
Name & Main C	office Address:	Eva San Pedro 715 Lake Street		Phone: (847) 487-9455
		Oak Park, IL 60301		Fax: (708) 386-8145
Services Provid	led:			Email: esanpedro@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications	s:	Language(s): English , Spanish
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Carolyn Seaman 27255 N. Fairfield Road		Phone: (847) 487-9455 x135 Fax: (847) 487-9360
Services Provid	led:	Mundelein, IL 60060		Email: cseaman@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications	e.	Language(s): English
Treatment?	Yes	All treatment provider qualifications?	s. Yes	Licenses: None
Adult?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	





Cook

Alternative Behavior Treatment Centers (ABTC)

Name & Main O	office Address:	Natalie Seel 27255 N. Fairfield Road Mundelein, IL 60060		Phone: (847) 487-9455 Fax: (847) 487-9360
Services Provid	ed:	Mundeleni, ic 00000		Email: nseel@abtc-centers.org
Evaluations ?	No	Provider Meets the following qualifications	:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: LSW
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main O	ffice Address:	Edgar F. Sherk		Phone: (847) 487-9455
		27255 N. Fairfield Road		Fax: (847) 487-9360
Services Provid	led:	Mundelein, IL 60060		Email: esherk@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW #149-002963
Adult?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	•	Yes	
Name & Main O		All applicant attestation qualifications: Susan Urban	162	Phone: (847) 487-9455
Name & Main O	ilice Address.	27255 N. Fairfield Road		,
		Mundelein, IL 60060		Fax: (847) 487-9037
Services Provid	led:			Email: surban@abtc-centers.org
Evaluations?	Yes	Provider Meets the following qualifications		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW #149-011169
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main O	ffice Address:	Keef Weinstein		Phone: (847) 487-9455
		27255 N. Fairfield Road		Fax: (847) 487-9360
Services Provid	led:	Mundelein, IL 60060		Email: kweinstein@abtc-centers.org
Evaluations ?	Yes	Provider Meets the following qualifications	•	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LPC
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main O		Karen Wolownik, MSW		Phone: (847) 487-9455
Tamo a mam o	moo / taarooo.	27255 N. Fairfield Road		Fax: (847) 487-9360
Oranica - Daniela	t	Mundelein, IL 60060		Email: kwolownik@abtc-centers.org
Services Provid		Described Marchaelle Called San and Pff and San		Language(s): English
Evaluations?	Yes	Provider Meets the following qualifications		Licenses: IL-LCSW #149-010954, CSW (Michigan),
Treatment ?	Yes	All treatment provider qualifications?	Yes	Certified Adolescent Sexual Offender Prof.
Adult?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Blain and	<i>Associat</i>	es, P.C.		
Name & Main O	ffice Address:	Daun Blain		Phone: (847) 625-0980 x2
		135 N. Greenleaf, Suite 204		Fax: (847) 223-0887
Services Provid	led:	Gurnee, IL 60031		Email: daun_blain@yahoo.com
Services Provid Evaluations ?	eu. No	Provider Meets the following qualifications	<u>-</u>	Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL-LCPC-#180-000167
Adult?		All evaluation provider qualifications?	No	
	Yes	· · ·		
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	Dhono: (047) 704 5000
Name & Main O	nnce Adaress:	Gerald Blain P.O. Box 855		Phone: (847) 791-5928
		Grayslake, IL 60085		Fax: (847) 223-0887
Services Provid	led:	-		Email: jerry2@core.com
Evaluations?	Yes	Provider Meets the following qualifications	:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC-#180-002267, LSW
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	



Services Provided:

Juvenile?

Juvenile?

Yes

Yes

Sex Offender Management Board Approved Provider List - By County



Cook

Blain and Associates, P.C.

 Name & Main Office Address:
 Adam Krieger
 Phone:
 (847) 791-5928

 P.O. Box 855
 Fax:
 (847) 223-0887

Grayslake, IL 60085

Evaluations? Yes Provider Meets the following qualifications: Language(s): English
Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW

Adult? Yes All evaluation provider qualifications? No Juvenile? Yes All applicant attestation qualifications: Yes

Catholic Charities

Name & Main Office Address: Sandra E. Jamison Phone: (312) 808-1080 651 W. Lake Street Faux (343) 808-6176

651 W. Lake Street Fax: (312) 808-6176
Chicago, IL 60606
Email: jayds6049@sbcglobal.net

Services Provided: Email: jayos6049@s

Evaluations 2 Vos Provider Moets the following qualifications: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW #149-004566

Treatment? Yes All treatment provider qualifications? Yes Licenses:

Adult? No All evaluation provider qualifications? Yes

Adult? No All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Center for Contextual Change

Name & Main Office Address: Don R.J. Castaldi, Psy.D. Phone: (708) 524-1301 x2

125 N. Marion Street, Suite 201 Fax: (708) 524-1401

Oak Park, IL 60301 Services Provided:

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: Advanced Training in Abel Screen

Email:

donc@centerforcontextualchange.org

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

Juvenile ? Yes All applicant attestation qualifications: Yes

 Name & Main Office Address:
 Don R.J. Castaldi, Psy.D.
 Phone:
 (708) 524-1301 x2

 9239 Gross Point Road, Suite 300
 Fax:
 (708) 524-1401

Skokie, IL 60077
Services Provided: Email: donc@centerforcontextualchange.org

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: Advanced Training in Abel Screen

Adult ? Yes All evaluation provider qualifications? Yes

Juvenile ? Yes All applicant attestation qualifications: Yes

 Name & Main Office Address:
 Joseph J. Cortese
 Phone:
 (847) 676-4447 x312

 9239 Gross Point Road, Suite 300
 Fax:
 (847) 676-4450

9239 Gross Point Road, Suite 300 Fax: (847) 676-4450
Skokie, IL 60077
Services Provided: Email: cortese1@comcast.net

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

All applicant attestation qualifications:

All applicant attestation qualifications:

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW #149-000645

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW #149-00/
Adult? Yes All evaluation provider qualifications? Yes

Name & Main Office Address: Peg Duros Phone: (847) 676-4447 x221

9239 Gross Point Road, Suite 300 Fax: (847) 676-4450

Skokie, IL 60077

Services Provided: Email: pegd@centerforcontextualchange.org

Yes

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment 2: Yes Provider Meets the following qualifications: Licenses: IL LCSW #149-002016

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW #149-002016

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

125 N. Marion Street, Suite 201 Fax: (847) 676-4450
Oak Park, IL 60301
Services Provided: Email: hopecat@hotmail.com

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW, Clinical Member of ATSA

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW, Clinical Member of ATSA Adult? Yes All evaluation provider qualifications? Yes

Yes



Services Provided:

Yes

Yes

Yes

Yes

Evaluations?

Treatment?

Adult?

Juvenile?

Sex Offender Management Board Approved Provider List - By County



Cook

Center for Contextual Change

Name & Main O		Joel A. Falco, MA, LCSW 9239 Gross Point Road, Suite 300 Skokie, IL 60077		Phone: Fax: Email:	(847) 674-4447 x300 (847) 676-4450 hopecat@hotmail.com
Evaluations?	Yes	Provider Meets the following qualifications	:	Language	e(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses	: IL LCSW, Clinical Member of ATSA
Adult ?	Yes	All evaluation provider qualifications?	Yes		
Juvenile ?	Yes	All applicant attestation qualifications:	Yes		
Name & Main O		Michael "Mike" Just 125 N. Marion Street, Suite 201 Oak Park, IL 60301		Phone: Fax: Email:	(847) 676-4447 x301 (847) 676-4450 justmikejust@sbcglobal.net
Services Provide		Described Marchaelle Gallerian and Pfording		Language	
Evaluations?	Yes	Provider Meets the following qualifications		Licenses	
Treatment ?	Yes	All treatment provider qualifications?	Yes	LICCHSCS	. 12 201 0 #100 000042, Attorney
Adult ?	Yes	All evaluation provider qualifications?	Yes		
Juvenile ?	Yes	All applicant attestation qualifications:	Yes		(2.17) 272 4.47
Name & Main O		Michael "Mike" Just 9239 Gross Point Road, Suite 300 Skokie, IL 60077		Phone: Fax: Email:	(847) 676-4447 x301 (847) 676-4450 justmikejust@sbcglobal.net
Evaluations ?	Yes	Provider Meets the following qualifications	:	Language	e(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses	: IL LCPC #180-006042; Attorney
Adult ?	Yes	All evaluation provider qualifications?	Yes		
Juvenile ?	Yes	All applicant attestation qualifications:	Yes		
Name & Main Of	ffice Address:	Kelli Underwood 125 N. Marion Street, Suite 201 Oak Park, IL 60301		Phone: Fax: Email:	(847) 676-4447 x223 (847) 676-4450 kelliunderwoodccc@hotmail.com
Evaluations ?	Yes	Provider Meets the following qualifications	:	Language	e(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses	: IL LCSW
Adult ?	Yes	All evaluation provider qualifications?	Yes		
Juvenile ?	Yes	All applicant attestation qualifications:	Yes		
Chicago C	Christian (Counseling Center			
Name & Main Oi	ffice Address:	Anne Krick 15127 S. 73rd Avenue, Suite G Orland Park, IL 60462		Phone: Fax: Email:	(708) 845-5500 x106 (708) 845-5504 akrick@chicagochristioncounseling.org
Evaluations ?	No	Provider Meets the following qualifications		Language	e(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses	: IL LCP #071-005562
Adult?	Yes	All evaluation provider qualifications?	No		
Juvenile ?	No	All applicant attestation qualifications:	Yes		
Chuck Led			103		
Name & Main Of	-	Chuck Lederman, LCSW 68 Main Street, P. O. Box 95 Oswego, IL 60543		Phone: Fax:	(630) 269-3146 (630) 551-0988

Provider Meets the following qualifications:

All treatment provider qualifications?

All evaluation provider qualifications?

All applicant attestation qualifications:

Yes

Yes

Yes

Language(s):

Licenses:

English

IL LCSW





Cook

Cognitive Behavioral Solutions

Name & Main Office Address: (708) 488-8120 Christopher Fry Phone: 7355 W. Madison, Suite A (708) 488-1992 Fax: Forest Park, IL 60130 Email: cfrycbs@aol.com Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC 180-004518 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Yes No

Name & Main Office Address: Phone: (708) 488-8120 Tina L. Menier

7355 W. Madison, Suite A Fax: (708) 488-1992 Forest Park, IL 60130 Email: tmenier@sbcglobal.net

Services Provided: Language(s): English Evaluations? No Provider Meets the following qualifications:

Licenses: IL LCPC: NCC Yes All treatment provider qualifications? Yes Treatment?

Adult? Yes All evaluation provider qualifications? No Juvenile? Yes All applicant attestation qualifications: Yes

Community Youth Network, Inc.

Name & Main Office Address: Jeffery Miller Phone: (847) 548-6000 18640 W. Belvidere Road (847) 548-6040

Fax: Grayslake, IL 60030

Email: Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes IL LCPC; CADC Licenses: Treatment? Yes All treatment provider qualifications?

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Randall W. Smith Phone: (847) 548-6000 x38 18640 W. Belvidere Road Fax: (847) 548-6040

Grayslake, IL 60030 Email: randall.w.smith@us.army.mil

Services Provided: Language(s): English Evaluations? Yes

Provider Meets the following qualifications: IL LPC; CADC; CSAP; EMDR 1 & 2 Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Jody Springer Phone: (847) 949-7275

18640 W. Belvidere Road Fax: (847) 548-6040 Grayslake, IL 60030

Fmail: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCSW, LSW, Licensed direct child welfare Treatment? Yes All treatment provider qualifications? Yes services provider, CERAP certified

Adult? Yes Yes All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Scott E. Stolarick Phone: (847) 548-6000 x20 18640 W. Belvidere Road Fax: (847) 548-6040

Grayslake, IL 60030 Fmail: sstolarick@aol.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: IL LCPC Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes No All evaluation provider qualifications? Juvenile? All applicant attestation qualifications: Yes

Cook County Juvenile Court - Probation

Juvenile?

Yes

Name & Main Office Address: Irvin Ashford Phone: (312) 433-6512 1100 S. Hamilton, 2nd floor Fax: (312) 433-7935

Chicago, IL 60612 Fmail: ilashfo@cookcountygov.com

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

None Licenses: Treatment? Yes All treatment provider qualifications? Yes Adult? Yes No All evaluation provider qualifications?

All applicant attestation qualifications:

Yes





Cook

Cook County Juvenile Court - Probation

Name & Main C	Office Address:	Martin A. Gleason 1100 S. Hamilton, 2nd floor Chicago, IL 60612		Phone: (312) 433-5511 Fax: (312) 433-7935
Services Provid	ded:	Chicago, IL 60012		Email: ccjso@comcast.net
Evaluations?	Yes	Provider Meets the following qualifications	:	Language(s): English
Freatment?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	No	All evaluation provider qualifications?	Yes	
luvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Enrico Granata		Phone: (312) 433-4620
		1100 S. Hamilton, 2nd floor		Fax: (312) 433-7935
Services Provid	dad:	Chicago, IL 60612		Email: ricogranata@yahoo.com
Evaluations?	Yes	Provider Meets the following qualifications		Language(s): English
reatment?	Yes	All treatment provider qualifications?	Yes	Licenses: SACY Certification
Adult?	No	All evaluation provider qualifications?	Yes	
luvenile ?		·		
	Yes Office Address:	All applicant attestation qualifications: Amanda Halawa-Mahdi	Yes	Phone: (312) 433-4460
iaille & Main C	Jinde Address:	Amanda Haiawa-Mandi 1100 S. Hamilton, 2nd floor		,
		Chicago, IL 60612		Fax: (312) 433-7935
Services Provid	ded:			Email: anhalaw@cookcountygov.com
Evaluations?	Yes	Provider Meets the following qualifications	:	Language(s): Arabic , English
reatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW #149-010179
Adult ?	No	All evaluation provider qualifications?	Yes	
luvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Arsolanda Lamothe-Waters		Phone: (312) 433-4458
		1100 S. Hamilton, 2nd floor		Fax: (312) 433-7935
Services Provid	ded:	Chicago, IL 60612		Email:
Evaluations?	Yes	Provider Meets the following qualifications		Language(s): English
reatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Miguel Lewis		Phone: (312) 433-6967
		1100 S. Hamilton, 2nd floor		Fax: (312) 433-7935
Comissos Drovis	do d	Chicago, IL 60612		Email: malewis@cookcountygov.com
Services Provid		Duranidas Marata tha fallowing availfication	_	Language(s): English
Evaluations?	Yes	Provider Meets the following qualifications		Licenses: IL LCPC
Freatment?	Yes	All treatment provider qualifications?	Yes	Licentees. In Let C
Adult ?	No	All evaluation provider qualifications?	Yes	
luvenile ?	Yes	All applicant attestation qualifications:	Yes	DI (010) 100 1100
Name & Main C	OTTICE Address:	Jose O. Oporto 1100 S. Hamilton, 2nd floor		Phone: (312) 433-4462
		Chicago, IL 60612		Fax: (312) 433-7935
Services Provid	ded:			Email: joportocookcountygov.com
Evaluations?	Yes	Provider Meets the following qualifications	:	Language(s): English , Spanish
reatment?	Yes	All treatment provider qualifications?	Yes	Licenses: None
dult?	No	All evaluation provider qualifications?	Yes	
uvenile?	Yes	All applicant attestation qualifications:	Yes	
lame & Main C	Office Address:	Tom Schneider		Phone: (847) 470-7528
		1100 S. Hamilton, 2nd floor		Fax: (847) 470-5166
Services Provid	ded:	Chicago, IL 60612		Email:
Evaluations?		Provider Meets the following qualifications		Language(s): English
	Yes	Provider Meets the following qualifications		Licenses: None
Freatment ? Adult ?	Yes	All ovaluation provider qualifications?	Yes	
	No	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	





Cook

Cook County Juvenile Court - Probation

Name & Main Office Address: Christina Vitale Phone: (312) 433-7929 1100 S. Hamilton, 2nd floor (312) 433-7935 Fax:

Chicago, IL 60612 Email: cvittyrun@yahoo.com

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCSW #149-009183 Treatment? Yes All treatment provider qualifications? Yes

Adult? No All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes Yes

Cornerstone Clinical Associates, Ltd.

Name & Main Office Address: Warren B. Matson Phone: (630) 871-0770

300 S. County Farm Road, #E Fax: (630) 871-0772 Wheaton, IL 60187

Email: wmatson@email.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: LCPC, ATSA Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes

Diane Lytton, Ph.D.

Name & Main Office Address: (608) 226-0377 Diane Lytton, Ph.D. Phone

> 6666 Odana Road, #503 Fax: Madison, IL 53719 Email:

Services Provided:

Services Provided:

Juvenile?

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: WI-#1790; Fellow, WI Sex Offender Tx Network Treatment? No All treatment provider qualifications? No

Adult ? Yes All evaluation provider qualifications? Yes Yes All applicant attestation qualifications: Juvenile? Yes

E. F. Ghoughan and Associates, Inc.

Name & Main Office Address: Lisa Wilson, LCPC, MISA I, CADP Phone: (312) 567-1410

10 W. 35th Street, #11C3-2 (312) 567-1449 Fax: Chicago, IL 60616

Fmail: eghoughan@aol.com

Yes

Language(s): English Evaluations? Provider Meets the following qualifications: No

IL LCPC, IAODACA-MISA I, CADP, Licenses: Treatment? Yes All treatment provider qualifications? Yes Management of Sex Offenders & Violent

Adult? Nο All evaluation provider qualifications? Yes Perpetrators Certification Yes All applicant attestation qualifications:

Establishing, Managing & Generating Effective Services, Inc. (Ema

Name & Main Office Address: Hattie Wash Phone: (773) 224-7386

110 E. 79th Street Fax: (773) 224-7685 Chicago, IL 60619

Fmail: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC, ATSA, CSAC, MAC Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Nο Yes

Forensic Psych Associates, Ltd.

Name & Main Office Address: Robert H. Gordon, Ph.D. Phone: (312) 917-1610 203 N. LaSalle Street, #2100 Fax: (608) 756-5174

Chicago, IL 60601 rgordon@forensicpsych.com

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: IL LCP Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes





Cook

Forensic Psychology Associates

Name & Main O	office Address:	Mark Brenzinger, PsyD 445 E. Ohio, Suite 450 Chicago, IL 60611		Phone: Fax:	(312)) 740-9691) 527-9088	
Services Provid	led:	g-, - <u>-</u>		Email: ciba9		9@worldnet.att.net	
Evaluations?	Yes	Provider Meets the following qualification	s:	Language	e(s):	English	
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:		None	
Adult ?	Yes	All evaluation provider qualifications?	Yes				
Juvenile ?	Yes	All applicant attestation qualifications:	Yes				
Name & Main O		Eric Ostrov, J.D., Ph.D., ABPP 445 E. Ohio, Suite 450 Chicago, IL 60611		Phone: Fax: Email:	(312)	740-9691 527-9088 rov@aol.com	
Services Provid							
Evaluations?	Yes	Provider Meets the following qualification		Language		English	
Treatment ?	No	All treatment provider qualifications?	No	Licenses:		IL Psy.D. 071-001951, IL Attorney #3128938	
Adult ?	Yes	All evaluation provider qualifications?	Yes				
Juvenile ?	Yes	All applicant attestation qualifications:	Yes				
Name & Main O Services Provid		Susan Page, Psy.D. 445 E. Ohio, Suite 450 Chicago, IL 60611		Phone: Fax: Email:	(312)) 399-3140) 527-9088 ge27@aol.com	
		Provider Meets the following qualifications:		Language	e(s): English		
Evaluations ?	No	• • • • • • • • • • • • • • • • • • • •		Licenses:		None	
Treatment ?	Yes	All treatment provider qualifications?	Yes	Liconoco.		Tions	
Adult ?	Yes	All evaluation provider qualifications?	No				
	Yes	All applicant attestation qualifications:	Yes				
Juvenile ?	163	7 in applicant attoctation qualifications.					
		(McDermott Center)					
Name & Main O	et Center Office Address:		AS, CFAE	Phone: Fax: Email:	(312)) 226-7984 x409) 226-7964 tman@hcenter.org	
Haymark Name & Main O Services Provid	et Center Office Address:	(McDermott Center) Sherry S. Kostman, Psy.D., CADC, CCJA 120 N. Sangamon Chicago, IL 60607		Fax:	(312) skos	226-7964	
Haymark Name & Main O Services Provid Evaluations ?	et Center Office Address: Ved: Yes	(McDermott Center) Sherry S. Kostman, Psy.D., CADC, CCJA 120 N. Sangamon Chicago, IL 60607 Provider Meets the following qualification	s:	Fax: Email:	(312) skos e(s):) 226-7964 tman@hcenter.org	
Haymark Name & Main O Services Provid Evaluations? Treatment?	et Center Office Address: Ved: Yes Yes	(McDermott Center) Sherry S. Kostman, Psy.D., CADC, CCJA 120 N. Sangamon Chicago, IL 60607 Provider Meets the following qualification All treatment provider qualifications?	s: Yes	Fax: Email: Language	(312) skos e(s):) 226-7964 tman@hcenter.org English	
Haymark Name & Main O Services Provid Evaluations? Treatment? Adult?	et Center Office Address: Ved: Yes Yes Yes Yes	(McDermott Center) Sherry S. Kostman, Psy.D., CADC, CCJA 120 N. Sangamon Chicago, IL 60607 Provider Meets the following qualification All treatment provider qualifications? All evaluation provider qualifications?	s: Yes Yes	Fax: Email: Language	(312) skos e(s):) 226-7964 tman@hcenter.org English IL LPC #178-002577, CADC #24934, CCJA	
Haymark Name & Main O Services Provid Evaluations? Treatment? Adult? Juvenile?	et Center Office Address: Ved: Yes Yes Yes Yes Yes Yes	(McDermott Center) Sherry S. Kostman, Psy.D., CADC, CCJA 120 N. Sangamon Chicago, IL 60607 Provider Meets the following qualification All treatment provider qualifications? All evaluation provider qualifications? All applicant attestation qualifications:	s: Yes	Fax: Email: Language	(312) skos e(s):) 226-7964 tman@hcenter.org English IL LPC #178-002577, CADC #24934, CCJA	
Haymark Name & Main O Services Provid Evaluations? Treatment? Adult? Juvenile? Heaton, F	et Center Office Address: Ved: Yes Yes Yes Yes Yes Yes Yes Ye	(McDermott Center) Sherry S. Kostman, Psy.D., CADC, CCJA 120 N. Sangamon Chicago, IL 60607 Provider Meets the following qualifications? All treatment provider qualifications? All evaluation provider qualifications? All applicant attestation qualifications: ul J. Paul J. Heaton, Psy.D. 3000 Dundee Road, Suite 411	s: Yes Yes	Fax: Email: Language Licenses: Phone: Fax:	(312) skos e(s): (847) (847)	226-7964 tman@hcenter.org English IL LPC #178-002577, CADC #24934, CCJA #24552, CFAE, ATSA Clinical Member	
Haymark Name & Main O Services Provid Evaluations ?	et Center Office Address: Ves Yes Yes Yes Yes Yes Office Address:	(McDermott Center) Sherry S. Kostman, Psy.D., CADC, CCJA 120 N. Sangamon Chicago, IL 60607 Provider Meets the following qualification All treatment provider qualifications? All evaluation provider qualifications? All applicant attestation qualifications: ul J. Paul J. Heaton, Psy.D.	s: Yes Yes	Fax: Email: Language Licenses: Phone:	(312) skos e(s): (847) (847)	226-7964 tman@hcenter.org English IL LPC #178-002577, CADC #24934, CCJA #24552, CFAE, ATSA Clinical Member 9 857-1000 9 729-6208 a@aol.com	
Haymark Name & Main O Services Provid Evaluations? Treatment? Adult? Juvenile? Heaton, F Name & Main O	et Center Office Address: Ves Yes Yes Yes Yes Yes Office Address:	(McDermott Center) Sherry S. Kostman, Psy.D., CADC, CCJA 120 N. Sangamon Chicago, IL 60607 Provider Meets the following qualifications? All treatment provider qualifications? All evaluation provider qualifications? All applicant attestation qualifications: ul J. Paul J. Heaton, Psy.D. 3000 Dundee Road, Suite 411	s: Yes Yes Yes	Fax: Email: Language Licenses: Phone: Fax: Email: Language	(312) skos e(s): (847) il-ats e(s):	226-7964 tman@hcenter.org English IL LPC #178-002577, CADC #24934, CCJA #24552, CFAE, ATSA Clinical Member 9 857-1000 9 729-6208 a@aol.com English	
Haymark Name & Main O Services Provid Evaluations? Treatment? Adult? Juvenile? Heaton, F Name & Main O Services Provid Evaluations?	et Center Office Address: ded: Yes Yes Yes Yes Yes Yes Office Address:	(McDermott Center) Sherry S. Kostman, Psy.D., CADC, CCJA 120 N. Sangamon Chicago, IL 60607 Provider Meets the following qualifications? All treatment provider qualifications? All evaluation provider qualifications? All applicant attestation qualifications: ul J. Paul J. Heaton, Psy.D. 3000 Dundee Road, Suite 411 Northbrook, IL 60025	s: Yes Yes Yes	Fax: Email: Language Licenses: Phone: Fax: Email:	(312) skos e(s): (847) il-ats e(s):	226-7964 tman@hcenter.org English IL LPC #178-002577, CADC #24934, CCJA #24552, CFAE, ATSA Clinical Member 9 857-1000 9 729-6208 a@aol.com	
Haymark Name & Main O Services Provid Evaluations? Treatment? Adult? Juvenile? Heaton, F Name & Main O Services Provid	et Center Office Address: Ves Yes Yes Yes Yes Yes Yes Yes	(McDermott Center) Sherry S. Kostman, Psy.D., CADC, CCJA 120 N. Sangamon Chicago, IL 60607 Provider Meets the following qualifications? All evaluation provider qualifications? All applicant attestation qualifications: ul J. Paul J. Heaton, Psy.D. 3000 Dundee Road, Suite 411 Northbrook, IL 60025 Provider Meets the following qualifications	s: Yes Yes Yes	Fax: Email: Language Licenses: Phone: Fax: Email: Language	(312) skos e(s): (847) il-ats e(s):	226-7964 tman@hcenter.org English IL LPC #178-002577, CADC #24934, CCJA #24552, CFAE, ATSA Clinical Member 9 857-1000 9 729-6208 a@aol.com English	

Henry W. Lahmayer, M.D.

Henry W. Lahmeyer, MD

Name & Main Office Address:

				(5	,
		Two Northfield Plaza, Suite 100 Northfield, IL 60093		Fax: (847	Y) 446-3573
Services Provid	led:	Northield, IE 00093		Email:	
Evaluations?	Yes	Provider Meets the following qualification	ns:	Language(s):	English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:	American Board (AB) of Psychiatry &
Adult ?	Yes	All evaluation provider qualifications?	Yes		Neurology, AB of Sleep Medicine, Clinical Polysomnography, Forensic Psychiatry
Juvenile ?	Yes	All applicant attestation qualifications:	Yes		,

Phone:

(847) 446-3531





Cook

Human Effective Living Programs, Inc. (HELP, Inc.)

Name & Main C	Office Address:	Arnold Black 417 S. Dearborn Chicago II. 60605		Phone: Fax:		939-6633 939-2444
Services Provid	led:	Chicago, IL 60605		Email:	ablac	k@ccchicago.org
Evaluations?	Yes	Provider Meets the following qualifications		Language	e(s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		None
Adult ?	Yes	All evaluation provider qualifications?	No			
Juvenile ?	No	All applicant attestation qualifications:	Yes			
Name & Main C		Gabriella Cohen, MA		Phone:	(312)	939-6633
		417 S. Dearborn		Fax:		939-2444
0	tt	Chicago, IL 60605		Email:	(0.2)	200 2
Services Provid		Describes Manager than Callestine and Pfore Cons		Language	(s)·	English , French , Italian
Evaluations?	Yes	Provider Meets the following qualifications		Licenses:	,(0).	None
Treatment ?	Yes	All treatment provider qualifications?	Yes	210011000.		110110
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C	Office Address:	Alban Fisher, Ph.D., LCPC		Phone:	(312)	939-6633
		417 S. Dearborn Chicago, IL 60605		Fax:	(312)	939-2444
Services Provid	led:	57110ag0, 12 00000		Email:		
Evaluations?	Yes	Provider Meets the following qualifications	•	Language	e(s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LCPC, DCFS- Child Welfare, CERAP,
Adult ?	Yes	All evaluation provider qualifications?	Yes			Wraparound Trainer, CANS Trainer
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C	Office Address:	Gail P. Sullivan. M.A.		Phone:	(312)	939-6633
		417 S. Dearborn		Fax:	, ,	939-2444
Camilana Duarda	l = =1.	Chicago, IL 60605		Email:	` ,	lvn@aol.com
Services Provid		Dura dala Manta tha fallandan musifications		Language	٥.	English
Evaluations?	Yes	Provider Meets the following qualifications		Licenses:	,(0).	None
Treatment ?	Yes	All treatment provider qualifications?	Yes	LIOOTIOCO.		Tione
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
IDHS Tre	atment &	Detention Facility				
Name & Main C	Office Address:	Michael P. Bednarz, MD		Phone:	(815)	740-8781 x232
		401 Woodruff Road		Fax:	(815)	740-8817
Comisso Drovin	lo di	Joliet, IL 60432		Email:	` ,	1an@dhs.state.il.us
Services Provid		Dura dala Manta tha fallandan musifications		Language		English
Evaluations?	No	Provider Meets the following qualifications		Licenses:	(-)-	Licensed Physician & Surgeon; Controlled
Treatment?	Yes	All treatment provider qualifications?	Yes	210011000.		License (substance); DEA License; Brd cei
Adult ?	Yes	All evaluation provider qualifications?	No			internal medicine & psychiatrist
Juvenile ?	No	All applicant attestation qualifications:	Yes		/a · - ·	
Name & Main C	office Address:	Mark Brenzinger, PsyD 401 Woodruff Road		Phone:	` ,	740-8781
		Joliet, IL 60432		Fax:	. ,	740-8817
Services Provid	led:	-, 		Email:		@worldnet.att.net
Evaluations?	Yes	Provider Meets the following qualifications	:	Language	e(s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		None
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C		Robert Brucker, Jr.		Phone:	(815)	740-8781
_		401 Woodruff Road		Fax:		740-8817
	lad:	Joliet, IL 60432		Email:	,	140@dhs.state
Contions Deside	ea: Yes	Drovider Monto the fall and a small factor		Language		English
		Provider Meets the following qualifications			\-/·	IL LCP-071-006097
Evaluations?		All tractment provides such life attacks	Vaa	Licenses		
Evaluations ? Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		TE ECF-071-000097
Services Provid Evaluations? Treatment? Adult? Juvenile?		All treatment provider qualifications? All evaluation provider qualifications? All applicant attestation qualifications:	Yes Yes Yes	Licenses.		IL LCF-0/1-00009/





Cook

IDHS Treatment & Detention Facility

Name & Main C	Office Address:	Lea B. Chankin, Psy.D. 401 Woodruff Road Joliet, IL 60432		Phone: (815) 740-8781 Fax: (815) 740-8817
Services Provid	ded:	Jollet, IL 60432		Email: dhs4120@dhs.state.il.us
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes		Yes	Licenses: IL LCP-071-006553
Adult ?	Yes		Yes	
Juvenile ?	No	· · ·	Yes	
Name & Main C	Office Address:	Jeffrey C. Clausen		Phone: (815) 740-8781
		401 Woodruff Road		Fax: (815) 740-8817
Comisso Dravis	do de	Joliet, IL 60432		Email: jclausen@mc.net
Services Provid		Dravider Mosta the following qualifications:		Language(s): English
Evaluations?	No Voc	Provider Meets the following qualifications:		Licenses: IL LCPC 180-005378
Treatment ?	Yes	' '	Yes	12 201 0 100 00007
Adult ?	Yes	' '	Yes	
Juvenile ?	No No		Yes	Dhana: (045) 740 0704
Name & Main C	omice Address:	Detrall Dearbone-Collins 401 Woodruff Road		Phone: (815) 740-8781
		Joliet, IL 60432		Fax: (815) 740-8817
Services Provid	ded:	·		Email: dearbon@cs.com
Evaluations?	No	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC, CADC, CCJS
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	William DuBois		Phone: (815) 740-8781 x251
		401 Woodruff Road		Fax: (815) 740-8817
Services Provided:		Joliet, IL 60432		Email:
Evaluations?	No	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LPC #178-004016
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	No	· ·	Yes	
Name & Main C		Catherine A. Furtado, Psy.D.		Phone: (815) 740-8781
ramo a mam c	omee maarees.	401 Woodruff Road		Fax: (815) 740-8817
		Joliet, IL 60432		Email: dhs41cp@dhs.state.il.us
Services Provid				Language(s): English
Evaluations ?	No	Provider Meets the following qualifications:		Licenses: None
Treatment ?	Yes	' '	Yes	LICCHOGO. INCHO
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	No		Yes	
Name & Main C	Office Address:	Steve Gaskell 401 Woodruff Road		Phone: (815) 740-8781 x246
		Joliet, IL 60432		Fax: (815) 207-1538
Services Provid	ded:			Email: drsdg71@gmail.com
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	No	All treatment provider qualifications?	No	Licenses: IL LCP #71006877; GA #002566
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	No	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Guy Groot		Phone: (815) 740-8781
		401 Woodruff Road		Fax: (815) 740-8817
Services Provid	ded:	Joliet, IL 60432		Email: g.groot@mchsi.com
Services Provid Evaluations ?		Provider Meets the following qualifications:		Language(s): English
	No Yos	Provider Meets the following qualifications:		Licenses: IL LCPC, CADC, MISA II
Treatment ? Adult ?	Yes	·	Yes	, 3. ,
	Yes	All evaluation provider qualifications?	No	
Juvenile ?	No	All applicant attestation qualifications:	Yes	





Cook

IDHS Treatment & Detention Facility

Name & Main C	Office Address:	Shan Jumper 401 Woodruff Road Joliet, IL 60432		Phone: (815) 740-8781 x221 Fax: (815) 740-8817
Services Provided:		Jollet, IL 60432		Email: dhs4115@dhs.state.il.us
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Freatment?	Yes		Yes	Licenses: IL LCP 071-006021
Adult ?	Yes		Yes	
luvenile?	No	· ·	Yes	
Jame & Main C	Office Address:	Carey Lavaux		Phone: (815) 740-8781
		401 Woodruff Road		Fax: (815) 740-8810
Services Provided:		Joliet, IL 60432		Email: dhs4141@dhs.state.il.us
Evaluations?	No	Provider Meets the following qualifications:		Language(s): English
reatment?	Yes	0 1	Yes	Licenses: IL LPC-#178-001064
Adult?	Yes	All evaluation provider qualifications?		
		·	No	
uvenile ?	No Office Address:		Yes	Dhono: (045) 740 0704
iaine & Main C	Office Address:	Chad Lewing 401 Woodruff Road		Phone: (815) 740-8781
		Joliet, IL 60432		Fax: (815) 740-8817
Services Provid	ded:			Email: chadlewing@comcast.net
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
reatment?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	Yes	All evaluation provider qualifications?	No	
uvenile?	No	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Kimberly S. Litton, Psy.D.		Phone: (815) 740-8781
		401 Woodruff Road		Fax: (815) 740-8817
Services Provided:		Joliet, IL 60432		Email: dhs41bb@dhs.state.il.us
Evaluations ? Yes		Provider Meets the following qualifications:		Language(s): English
reatment?	Yes	• •	Yes	Licenses: None
Adult ?	Yes	· ·	Yes	
Juvenile ?	No	· ·	Yes	
	Office Address:	Scott W. Maieritsch, Ph.D.		Phone: (815) 740-8781
		401 Woodruff Road		Fax: (815) 740-8817
	1- 1	Joliet, IL 60432		Email: dhs4139@dhs.state.il.us
Services Provid		Described Marchatta Calleria and State Control		Language(s): English
valuations?	No	Provider Meets the following qualifications:	.,	Licenses: None
reatment?	Yes	·	Yes	LICCISCS. NOTIC
Adult ?	Yes	All evaluation provider qualifications?	No	
uvenile ?	No		Yes	Pi (0.17) 710 0701 577
Name & Main C	Office Address:	Rhoda Meacham 401 Woodruff Road		Phone: (815) 740-8781 x266
		Joliet, IL 60432		Fax: (815) 740-8817
Services Provid	ded:	,		Email:
valuations?	Yes	Provider Meets the following qualifications:		Language(s): English
reatment?	Yes	All treatment provider qualifications?	Yes	Licenses: LCSW #149-011604
dult ?	Yes	All evaluation provider qualifications?	Yes	
uvenile?	No	All applicant attestation qualifications:	Yes	
lame & Main C	Office Address:	Shane M. Reister, Psy.D.		Phone: (815) 740-8781
		401 Woodruff Road		Fax: (815) 740-8780
Services Provid	ded:	Joliet, IL 60432		Email: shanemreister@hotmail.com
		Provider Moets the following qualifications:		Language(s): English
Evaluations ?	No Voc	Provider Meets the following qualifications:	Voo	Licenses: IL LCP#071-007001
Freatment?	Yes	·	Yes	
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	No	All applicant attestation qualifications:	Yes	





Cook

IDHS Treatment & Detention Facility

Name & Main O	ffice Address:	Janet Sand 401 Woodruff Road		Phone: (815) 740-8781 Fax: (815) 740-8817
Services Provided:		Joliet, IL 60432		Email: dhs41A6@dhs.state.il.us
Evaluations ?	No No	Provider Meets the following qualifications:		Language(s): English
Freatment?	Yes	• •	Yes	Licenses: None
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	No	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Yes	
Name & Main O		Craig Schiesser, Psy.D. 401 Woodruff Road Joliet, IL 60432		Phone: (815) 740-8781 Fax: (815) 740-8817
Services Provid	led:			Email:
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Freatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCP-#071-005597
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	No	All applicant attestation qualifications:	Yes	
Name & Main O Services Provide		Karen Smith 401 Woodruff Road Joliet, IL 60432		Phone: (815) 740-8781 Fax: (815) 740-8817 Email: karenspc@yahoo.com
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	• ,	Yes	Licenses: IL LCPC
Adult ?	Yes	· ·	Yes	
Juvenile ?	No	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Yes	
Name & Main O		Thomas J. Speaker, Ph.D., LCPC 401 Woodruff Road Joliet, IL 60432		Phone: (815) 740-8781 Fax: (815) 740-8817
Services Provid	led:			Email: tspeaker@sbcglobal.net
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC #180-003801, CADC III, WI LCSW
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	No	All applicant attestation qualifications:	Yes	
Name & Main O Services Provid		Natasha Stumpf 401 Woodruff Road Joliet, IL 60432		Phone: (815) 740-8781 Fax: (815) 740-8817 Email:
Evaluations?	No No	Provider Meets the following qualifications:		Language(s): English
Freatment?	Yes		Yes	Licenses: IL LPC-#178-002746, NCC
				·
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ? Name & Main O	No office Address:	All applicant attestation qualifications: Sylvia Sun 401 Woodruff Road Joliet, IL 60432	Yes	Phone: (815) 740-8781 Fax: (815) 740-8817
Services Provid	led:			Email: psysun@yahoo.com
Evaluations ?	Yes	Provider Meets the following qualifications:		Language(s): English , Mandarin
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCP #071-005619
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	No	All applicant attestation qualifications:	Yes	
Name & Main O		Phyllis Tolley 401 Woodruff Road Joliet, IL 60432		Phone: (815) 740-8781 Fax: (815) 740-8817
Services Provid	led:			Email:
Evaluations ?	Yes	Provider Meets the following qualifications:		Language(s): Cantonese , English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	



Name & Main Office Address:

Name & Main Office Address:

Yes

No

Yes

Services Provided:

Evaluations?

Treatment?

Juvenile?

Adult?

Sex Offender Management Board Approved Provider List - By County



Cook

IDHS Treatment & Detention Facility

Name & Main Office Address: Services Provided:		Richard D. "Bo" Travis, MA, LCPC 401 Woodruff Road Joliet, IL 60432		Phone: (815) 723-2844 Fax: (815) 740-8817		
					botravis@earthlink.net	
Evaluations? No		Provider Meets the following qualifications:			English	
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC-#180-003461	IL LCPC-#180-003461	
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	No	All applicant attestation qualifications:	Yes			
Name & Main Office Address: Services Provided: Evaluations? No		Brent Ulrich		Phone: (815) 740-8781 x251		
		401 Woodruff Road Joliet, IL 60432 Provider Meets the following qualifications:		Fax: (815) 740-8817	(815) 740-8817 blurich623@juno.com	
				Email: blurich623@juno.com		
			s:	Language(s): English	e(s): English	
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: LPC #178-004133	LPC #178-004133	
Adult ?	Yes	All evaluation provider qualifications?	No			
Juvenile?	No	All applicant attestation qualifications:	Yes			
Name & Main C	Office Address:	Raymond Wood, Ph.D.		Phone: (815) 740-8781 x220		
		401 Woodruff Road		Fax: (815) 740-8817		
Services Provid	led:	Joliet, IL 60432		Email: dhs4108@dhs.state.il.us		
Evaluations?	Yes	Provider Meets the following qualification	s:	Language(s): English		
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCP-#071-005813		
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	No	All applicant attestation qualifications:	Yes			

Illinois Department of Corrections (Special Needs Unit) Michael Gold, MA, LSW

Thomas Duff

101 Bramble

Manteno, IL 60950

Provider Meets the following qualifications:

All treatment provider qualifications?

All evaluation provider qualifications?

All applicant attestation qualifications:

Services Provid	led:	3508 W. Grand Avenue Chicago, IL 60651		Fax: Email:	` ,	292-3442 d@idoc.state.il.us
Evaluations ? Yes		Provider Meets the following qualifications:		Language	∍(s):	English , Romanian
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LSW #150-010181
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	No	All applicant attestation qualifications:	Yes			
Indian Oa	aks Acade	emy				
Name & Main C	Office Address:	Daphne Bogenscheider		Phone:	(815)	802-3700
		101 Bramble		Fax:	(815)	468-2310
Services Provided:		Manteno, IL 60950		Email:		
Evaluations ? Yes		Provider Meets the following qualifications:		Language	e(s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		LCPC, EMDR Level I, CANS, CERAP
Adult ?	No	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C	Office Address:	Michael Chavers		Phone:	(815)	802-3738
		101 Bramble		Fax:	(815)	468-2310
Services Provid	led:	Manteno, IL 60950		Email:		
Evaluations?	Yes	Provider Meets the following qualification	s:	Language	e(s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		None
Adult ?	No	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			

Phone:

Phone:

Fax:

Email:

Licenses:

Language(s):

(815) 802-3700

(815) 468-2310

dufft@nexus-ioa.org

English

(773) 292-2867

Yes

Yes

Yes





Cook

Indian Oaks Academy

Indian Oa	aks Acade	emy	
Name & Main C	Office Address:	Andrew Fisher 101 Bramble Mantana II. 60050	Phone: (815) 802-3700 Fax: (815) 468-2310
Services Provid	led:	Manteno, IL 60950	Email: fishera@nexus-ioa.org
Evaluations?	Yes	Provider Meets the following qualifications:	Language(s): English
Treatment ?	No	All treatment provider qualifications? Yes	Licenses: IL LCPC
Adult ?	Yes	All evaluation provider qualifications?	S
Juvenile ?	Yes	All applicant attestation qualifications: Yes	3
Name & Main C	Office Address:	Sara E. Langevin, MA	Phone: (815) 802-3700
		101 Bramble	Fax: (815) 468-2310
Services Provid	led:	Manteno, IL 60950	Email: langevins@nexus-ioa.org
Evaluations?	Yes	Provider Meets the following qualifications:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Licenses:
Adult ?	No	All evaluation provider qualifications?	
Juvenile ?	Yes	All applicant attestation qualifications: Yes	
Name & Main C		Amber Residori, LCSW	Phone: (815) 802-3700
Marie & Mair C	mice Address.	101 Bramble	Fax: (815) 468-2310
		Manteno, IL 60950	Email: residori@nexus-ioa.org
Services Provid			Language(s): English , French
Evaluations?	Yes	Provider Meets the following qualifications:	Licences: IL L CSW
Treatment?	Yes	All treatment provider qualifications?	
Adult ?	No	All evaluation provider qualifications?	
Juvenile ?	Yes	All applicant attestation qualifications: Yes	
Name & Main C	Office Address:	William K. Robison 101 Bramble	Phone: (815) 802-3713
		Manteno, IL 60950	Fax: (815) 468-2310
Services Provid	led:		Email: robisonw@Nexus-IOA.org
Evaluations?	Yes	Provider Meets the following qualifications:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Licenses: IL Clinical Psyology #071-006191; IL MFT 166-
Adult ?	No	All evaluation provider qualifications? Yes	000144
Juvenile?	Yes	All applicant attestation qualifications: Yes	;
Kevin & A	Associates	<u> </u>	
Name & Main C		Maureen Kevin, LCSW 110 Cottage Hill, Suite 305	Phone: (630) 941-8270 Fax: (630) 941-8294
Services Provid	led [.]	Elmhurst, IL 60126	Email: mureenkevin@hotmail.com
Evaluations?	Yes	Provider Meets the following qualifications:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Licenses: IL LCSW #149-000550
Adult ?	Yes	All evaluation provider qualifications?	
Juvenile ?	Yes	All applicant attestation qualifications: Yes	
Kids Hop			
-		Oaka Adaka	Disc. (040) 040 5000
Name & Main C	Mice Address:	Gaby Adisho 1712 S. Prairie Chicago, IL 60616	Phone: (312) 949-5822 Fax: (312) 663-1199
Services Provid	led:	55.go, 12 00010	Email: gadisho@kidshopeunited.org
Evaluations?	No	Provider Meets the following qualifications:	Language(s): Arabic , English
Treatment ?	Yes	All treatment provider qualifications?	Licenses: None
Adult ?	No	All evaluation provider qualifications?)
Juvenile ?	Yes	All applicant attestation qualifications: Yes	\$
Name & Main C	Office Address:	Charles L. Alexander 1712 S. Prairie Chicago, IL 60616	Phone: (312) 949-5805 Fax: (312) 663-1199
Services Provid	led:		Email: calexander@kidshopeunited.org
Evaluations?	No	Provider Meets the following qualifications:	Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Licenses: IL LCP #071-006493
Adult ?	No	All evaluation provider qualifications?)
Juvenile?	Yes	All applicant attestation qualifications: Yes	S





Cook

Kids Hope United

Kias Hope	e United			
Name & Main Office Address: Services Provided:		Kristan Cameron 215 N. Milwaukee Avenue Lake Villa, IL 60046		Phone: (847) 245-6570 Fax: (847) 245-6714
		Lake Villa, IL 00040		Email: kcameron@kidshopeunited.org
Evaluations ?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	• •	Yes	Licenses: IL LCPC 180-002580
Adult ?	No	· ·	Yes	
Juvenile ?	Yes	· · ·	Yes	
Name & Main O		Shenandoah Cardwell 215 N. Milwaukee Avenue Lake Villa, IL 60046		Phone: (847) 245-6544 Fax: (847) 245-6714 Email: scardwell.LCPC@comcast.net
Services Provid	ed:			
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC #180-001256, WI LPC #2906-125 NCC #22818
Adult ?	Yes	All evaluation provider qualifications?	Yes	1100 #22010
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main O Services Provid		Denny Clouse, MSW, LCSW 1750 E. Main Street, Suite 40 St. Charles, IL 60174		Phone: (847) 741-7140 Fax: (847) 741-2089 Email: dclouse@kidshopeunited.org
Evaluations ?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	• •	Yes	Licenses: IL LCSW #149-005893, Clinical ATSA
Adult ?	Yes	' '	Yes	
Juvenile ?	Yes		Yes	
Name & Main O		Donyetta Jones 1712 S. Prairie Chicago, IL 60616	162	Phone: Fax: (312) 663-1199
Services Provid	ed:	55age, 555.5		Email: djones@kidshopeunited.org
Evaluations?	No	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	· · ·	Yes	
Name & Main O		Dennis Kyrouac 1750 E. Main Street, Suite 40 St. Charles, IL 60174		Phone: (847) 741-7140 Fax: (847) 741-2089 Email: dkyrouac@msn.com
Services Provid		Duranidas Manta tha fallancia a smalification on		Language(s): English
Evaluations?	No	Provider Meets the following qualifications:		Licenses: IAODAPCA Counselor, CADC
Treatment ?	Yes	' '	Yes	Elections. Internal on courselot, and
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	<u>''</u>	Yes	
Name & Main O		Michael G. Selders 1712 S. Prairie Chicago, IL 60616		Phone: (312) 949-5806 Fax: (312) 663-1199 Email: mselders@kidshopeunited.org
Services Provid		Describes Marchatha (H. 1997)		Language(s): English
Evaluations ?	No	Provider Meets the following qualifications:		Licenses: None
Treatment ?	Yes		Yes	Elocitoro. I torio
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	<u>''</u>	Yes	
Name & Main O		Liza Simon-Roper 215 N. Milwaukee Avenue Lake Villa, IL 60046		Phone: (847) 245-6547 Fax: (847) 245-6714 Empil:
Services Provid				Email: Isroper@kidshopeunited.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW, WI LCSW, ATSA Member
Adult?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	





Cook

Latino Family Services, P.C.

Name & Main Office Address: Arturo Hurtado, LCSW, ACSW Phone: (847) 593-7077 825 E. Golf Road, Suite 1133 (847) 593-7056 Fax:

Arlington Heights, IL 60005-5200

Services Provided:

Evaluations? Yes Provider Meets the following qualifications: Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

All applicant attestation qualifications: Juvenile? Yes Yes

Email:

Email:

Licenses:

Language(s): English, Spanish

Licenses: IL LCSW-#149-005124, ACSW, ATSA Clinical

Member

(1994-Present)

IL LCSW #149-005331

Mack E. Winn and Associates

Name & Main Office Address: Mack E. Winn, LCSW Phone: (847) 604-9451

11 N. Skokie Highway, Suite 111 Fax: (847) 604-9457 Lake Bluff, IL 60044

mwatx111@yahoo.com Email: Services Provided:

English Language(s): Evaluations? Yes Provider Meets the following qualifications:

IL LCSW #149-003400, Clinical Member ATSA Licenses: Treatment? No All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? No All applicant attestation qualifications: Yes

Marcy Pritzen, LCSW

Name & Main Office Address: (847) 636-6364 Marcy Pritzen, LCSW Phone

3295 N. Arlington Heights Rd, Suite 103 Fax: (847) 398-6595

Arlington Heights, IL 60004 Services Provided:

mpritzen@mindspring.com Language(s): English Provider Meets the following qualifications:

Evaluations? Yes Treatment? Yes All treatment provider qualifications? Yes

Adult ? Yes All evaluation provider qualifications? Yes

Yes All applicant attestation qualifications: Juvenile? Yes

McKibbin, MS, LCPC, Alex E.

Name & Main Office Address: Alex E. McKibbin, MS, LCPC Phone: (630) 456-2519

24402 W. Lockport, Suite 2-B Fax: (815) 230-3652 Plainfield, IL 60544 a.mckibbin@att.net Fmail:

Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: No

Licenses: IL LCPC-180-001736 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Nο Juvenile? Yes All applicant attestation qualifications: Yes

Michael R. Davison

Name & Main Office Address: (847) 788-0645 Michael R. Davison Phone:

> 3295 N. Arlington Heights Road, Suite 103 Fay: (847) 398-6595 Arlington Heights, IL 60004 Fmail: apsychdoc@aol.com

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCP #071005-382 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Yes All applicant attestation qualifications: Juvenile? Yes

New Hope Community Service Center

Name & Main Office Address: Brenda Golden Phone: (773) 737-9555

All applicant attestation qualifications:

2701 West 79th Street Fax: (773) 737-0401 Chicago, IL 60652 brendanhcsc@aol.com

Services Provided:

Yes

Juvenile?

Language(s): English Evaluations? Yes Provider Meets the following qualifications: CADC #6158, Sex Abuse and Domestic Licenses: Treatment? Yes All treatment provider qualifications? Yes

Yes

Violence Certificate Adult? Yes All evaluation provider qualifications? Yes





Cook

Name & Main C	Office Address:	Jerry Lowell		Phone:	(630)	707-7380
a main office nacross.		P.O. Box 239 (also office in Chicago)		Fax:	` ,	839-5068
Services Provid	lad:	Winfield, IL 60190		Email:	` ,	IILCSW@msn.com
Evaluations?	Yes	Provider Meets the following qualifications	•	Language	(s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:	` ,	IL LCSW #149-003408
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C		Debra Nickerson, Psy.D. P.O. Box 239 (also office in Chicago) Winfield, IL 60190	100	Phone: Fax:	(630)	752-9725 752-9726
Services Provid	led:			Email:		@aol.com
Evaluations?	Yes	Provider Meets the following qualifications		Language	(s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LCP # 071-006020
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Northwe:	st Treatm	ent Associates				
Name & Main C		Carol Fetzner 645 McHenry Avenue Woodstock, IL 60098		Phone: Fax: Email:	` ,	337-1234 337-5653
Evaluations ?	Yes	Provider Meets the following qualifications		Language	(s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LCPC #180-000371, NCC 27767
Adult ?	No	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C		Patrick C. Littlejohn, MA, NCC, LCPC	103	Phone:	(815)	337-1234
Name & Main Office Address.		645 McHenry Avenue Woodstock, IL 60098		Fax:	(847)	608-8570
Services Provid	led:	·		Email:		ejohn@hotmail.com
Evaluations?	Yes	Provider Meets the following qualifications	:	Language	(s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LCPC, National Certified Counselor, Clinica Member-ATSA
Adult ?	No	All evaluation provider qualifications?	Yes			Wellber-ATSA
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C	Office Address:	Bonnie E. Marable 645 McHenry Avenue Woodstock, IL 60098		Phone: Fax:	` ,	337-1234 608-8572
Services Provid	led:			Email:		
Evaluations?	Yes	Provider Meets the following qualifications	:	Language	(s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LCP #071-006480; IN Psychologist
Adult ?	No	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C		Cheryl R. Runion 1185 Dundee Avenue, E-1 Elgin, IL 60120		Phone: Fax: Email:	(847)	608-8570 608-8576 on@comcast.net
Services Provid		Describe March 11 C II 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Language	•	English
Evaluations ?	Yes	Provider Meets the following qualifications		Licenses:	(3).	IL LCPC, CADC, CCJP, NCC
Treatment ?	Yes	All treatment provider qualifications?	Yes	LIGOTISCS.		12 25. 5, 5/125, 5501, 1105
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	D'	(0.1 =:	007.4004
Name & Main C		Dr. Jim Webster, PsyD 1185 Dundee Avenue, E-1 Elgin, IL 60120		Phone: Fax:		337-1234 337-5653
Services Provid	led:			Email:	(a):	Facial
Evaluations?	Yes	Provider Meets the following qualifications		Language	(S):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		None
Adult ?	No	All evaluation provider qualifications?	Yes			
Juvenile?	Yes	All applicant attestation qualifications:	Yes			





Clinical Member of ATSA

jgonza@sbcglobal.net

Cook

Oak Forest Psychological Service, P.C.

Name & Main Office Address: Mitchell Hicks, Ph.D., LCPC (708) 429-2777 x27 Phone:

6320 W. 159th Street, Suite E Fax: Oak Forest, IL 60452

Email: mwhicks@drmitchellhicks.com Services Provided:

Language(s): Evaluations? Yes Provider Meets the following qualifications: IL LCPC #180-005185, IL LCP #071-006835,

Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Yes No

Name & Main Office Address: Dr. Barbra Kraus Phone: (708) 429-2777

6320 W. 159th Street, Suite E Fax: (708) 429-2780

Oak Forest, IL 60452 Email: bkraus@oakforestpsych.com

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCP-#071-006308 Yes All treatment provider qualifications? Yes Treatment?

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Psycynergy Psych Services

Name & Main Office Address: Dr. J. L. Weems Phone: (773) 671-0466 1131 E. 165th Street (708) 333-3140 Fax:

South Holland, IL 60473 Email: dr_weems@hotmail.com Services Provided:

Language(s): English

Evaluations? Provider Meets the following qualifications: Yes IL LCPC, MISA II Licenses: Treatment? Yes All treatment provider qualifications?

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Rainbow's End

Name & Main Office Address: Phone: Judith A. Gonzalez (708) 748-2000

> 4747 Lincoln Mall Drive - 420 Fax:

Matteson, IL 60443 Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Pending LCPC Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? No All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

RITAS Ministry

Juvenile?

Name & Main Office Address: (630) 966-0252 Judith "Jude" C. Skallerup Phone:

325 E. Galena (630) 966-0005 Fax: Aurora, IL 60505

Email: Services Provided:

Language(s): Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC-180-004615, CSOTS Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Robinson, LCSW, Shirley R.

Yes

Name & Main Office Address: Shirley R. Robinson Phone: (815) 467-5552

24829 S. Tryon Street Fax:

Channahon, IL 60410 Fmail: shirley.robinson@comcast.net Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications:

LCSW, BCD Licenses: Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? No

All applicant attestation qualifications:





Certified Forensic Psychiatrist

American Board of Psychiatry and Neurology

Cook

Ronald B. Baron, M.D.

Sherry S. Kostman,

Name & Main Office Address: Ronald B. Baron, M.D. Phone: (847) 432-7007 2120 Sheridan Road (847) 432-7034 Fax:

Highland Park, IL 60035-2404 Email: Services Provided:

Language(s): Evaluations? Yes Provider Meets the following qualifications:

Licenses: Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Ronald Baker, M.D.

Name & Main Office Address: Ronald B. Baker, M.D. Phone: (847) 432-7007 2120 Sheridan Road Fax: (847) 432-7034

Highland Park, IL 60035 Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL Medical License # 036-039021, Certified in Licenses: Treatment? Yes All treatment provider qualifications? Yes Psychiatry and Forensic Psychiatry from the Adult? Yes All evaluation provider qualifications? Yes

Juvenile? No All applicant attestation qualifications: Yes

Psy.D., CADC, CCJAS, CFAE Name & Main Office Address: Sherry S. Kostman, Psy.D., CADC, CCJAS, CFAE Phone: (312) 315-4411

445 East Ohio Fax: (312) 527-5397

Chicago, IL 60611 Email: skostman@hcenter.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LPC #178-002577, CADC #24934, CCJAS Treatment? Yes All treatment provider qualifications? Yes #24552, CFAE, ATSA Clinical Member

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Simmons and Associates, Inc.

Yes

Yes

Juvenile?

Juvenile?

Name & Main Office Address: Ronald C. Simmons, Psv.D. Phone: (630) 257-6690

P.O. Box 772 Fax: (630) 257-6690 Lemont, IL 60439 Fmail: rcsandassoc@aol.com

Yes

Services Provided: English

Language(s): Evaluations? Provider Meets the following qualifications: Yes Licenses: IL LCPC #180-000152

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

St. Joseph's Carondelet Child Center

Name & Main Office Address: Andrea K. Brown Phone: (773) 624-7443

All applicant attestation qualifications:

739 E. 35th Street Fax: (773) 624-7676 Chicago, IL 60616

Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC-180-001460, LSW-150-001585 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Desiree S. Crooke Phone: (773) 624-7443 739 F. 35th Street Fax: (773) 624-7676

All applicant attestation qualifications:

Chicago, IL 60616 Fmail: dcrooke@stjccc.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCSW #149-010684 Treatment? Yes All treatment provider qualifications? Yes

Adult? No All evaluation provider qualifications? Yes





Cook

St. Joseph's Carondelet Child Center

Name & Main Office Address:		Sharon J. Grayson 739 E. 35th Street Chicago, IL 60616		Phone: (773) 624-7443 Fax: (773) 624-7676
Services Provid	led:	Chicago, in 00010		Email: sgrayson@st.jccc.org
Evaluations?	Yes	Provider Meets the following qualifications	s:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW, Masters Level #149-008183
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Gerald J. Gripshover		Phone: (773) 624-7443
		739 E. 35th Street		Fax: (773) 624-7676
Services Provid	lod:	Chicago, IL 60616		Email: agripshover@stjccc.org
Evaluations?	Yes	Provider Meets the following qualifications	· •	Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW #149-001986
Adult?				
	No	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	Dhana. (770) 004 7440
Name & Main C	mice Address:	Thomas S. Keller 739 E. 35th Street		Phone: (773) 624-7443
		Chicago, IL 60616		Fax: (773) 624-7676
Services Provid	led:			Email: tkeller@stjccc.org
Evaluations?	Yes	Provider Meets the following qualifications	s:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main O	Office Address:	Amelia Koplow		Phone: (773) 476-7900
		6212 S. Sangamon		Fax: (773) 476-5882
Services Provid	led:	Chicago, IL 60621		Email: akoplow@stjccc.org
Services Provid Evaluations ?	ea. Yes	Provider Meets the following qualifications		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	Dhana. (770) 004 7440
Name & Main C	niice Address:	Amy Perlmeter, LSW 739 E. 35th Street		Phone: (773) 624-7443
		Chicago, IL 60616		Fax: (773) 624-7676
Services Provid	led:	-		Email: amyperlmeter@sbcglobal.net
Evaluations?	Yes	Provider Meets the following qualifications	; :	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: LSW
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main O	Office Address:	Harriet E. Shaw, Ph.D.		Phone: (773) 624-7443
		739 E. 35th Street		Fax: (773) 624-7676
Services Provid	led:	Chicago, IL 60616		Email: hshaw@st.jccc.org
Evaluations?	Yes	Provider Meets the following qualifications	·	Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL Clinical Psychology #071-005840
Adult ?	No	All evaluation provider qualifications?	Yes	<i>.</i> •.
Juvenile ?				
	Yes	All applicant attestation qualifications:	Yes	Phone: (772) 476 7000
Name & Main C	mice Address:	Marlo P. Simon 6212 S. Sangamon		Phone: (773) 476-7900
		Chicago, IL 60621		Fax: (773) 476-5882
Services Provid	led:	.		Email: msimon@stjccc.org
Evaluations?	Yes	Provider Meets the following qualifications	s:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL-LSW #150-008899
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	



Juvenile?

Sex Offender Management Board Approved Provider List - By County



Cook

St. Joseph's Carondelet Child Center

Name & Main Office Address: Cynthia Waderlow (773) 624-7443 Phone: 739 E. 35th Street Fax: (773) 624-7676

Chicago, IL 60616 Fmail: cwaderlow@stjccc.org

Yes

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCSW Treatment? Yes All treatment provider qualifications? Yes Adult? No All evaluation provider qualifications? Yes

Suire, Ph.D., David M.

Yes

Name & Main Office Address: David M. Suire, Ph.D. Phone: (573) 330-5402

> 1012 W. Columbia, Bldg 28 Fax: Farmington, MO 63640

All applicant attestation qualifications:

davidsuire@yahoo.com Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL Psychologist 071-006216; MO Clinical Licenses: Treatment? No All treatment provider qualifications? No Psychologist; TX Clinical Psychologist

Adult? Yes All evaluation provider qualifications? Yes Juvenile? No All applicant attestation qualifications: Yes

Thomas and Blank

Name & Main Office Address: Sandi Blank Phone (773) 412-5882

5301 N. Dempster, Suite 205 Fax:

Skokie, IL 60077

Email: skklcsw@aol.com Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCSW

Treatment? Yes All treatment provider qualifications? Yes Adult ? Yes Yes All evaluation provider qualifications?

All applicant attestation qualifications: Juvenile? No Yes

William "Kip" Hillman, Psy.D.

Name & Main Office Address: William "Kip" Hillman, Psv.D. Phone: (312) 933-0060

4064 N. Lincoln, #290 Fax: (773) 989-0275 Chicago, IL 60618 kiphillman@yahoo.com Fmail:

Services Provided: Language(s): English

Evaluations? Provider Meets the following qualifications: Yes

Licenses: IL Psychology 071-003686 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Crawford

Brown Counseling & Consulting

Name & Main Office Address: Jeffrey R. Brown Phone: (812) 887-5431 2622 Washington Avenue

Fax: (812) 886-3010 Vincennes, IN 47591 lazlo81@charter.net Email:

Services Provided: Language(s): English Evaluations? Yes

Provider Meets the following qualifications: Licenses: ACSW; LCSW, IL #148-008300 & IN Treatment? Yes All treatment provider qualifications? Yes

#34001119A; CADC III; ATSA Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Yes

Cumberland

Coles County Mental Health Center

Name & Main Office Address: Howard Levine, Ph.D., LCP Phone: (217) 234-6405 1300 Charleston Ave., P.O. Box 1307

Fax: (217) 258-6136 Mattoon, IL 61938 hlevine@ccmhc.org Email: Services Provided:

Language(s): English Provider Meets the following qualifications: Evaluations? Yes

IL LCP #071-004262 Licenses: Treatment? All treatment provider qualifications? Yes Yes

Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? No Yes





DeKalb

Braden Counseling Center

Name & Main Office Address: Danielle Calsyn Phone: (815) 787-9000 2580 DeKalb Avenue (815) 787-9015 Fax:

Sycamore, IL 60178 Email: dcalsyn@frontiernet.net

Psychologist

English

Services Provided: Language(s): English Yes Provider Meets the following qualifications:

Evaluations? Licenses: CADC #21278 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes Yes

Centegral HealthSystem/Horizons

Name & Main Office Address: Robert Meyer Phone: (815) 338-9199 527 W. South Street Fax:

(815) 338-9205 Woodstock, IL 60098 Email: rmeyer3@charter.net

Services Provided: English Language(s):

Evaluations? Yes Provider Meets the following qualifications: Licenses: Ph.D., LCP, Fellow Academy of Forensic

Treatment? No All treatment provider qualifications? No Yes All evaluation provider qualifications? Adult? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Community Counseling Center, Ltd.

Jeffrey A. Martin Name & Main Office Address: Phone (815) 338-7749

666 Russell Court, Suite 105 Fax: (815) 338-7728 Woodstock, IL 60098 Email: ccc@imaxx.net

Services Provided:

Language(s): Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCSW 149-003373 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes

Yes All applicant attestation qualifications: Juvenile?

Family Services Agency of DeKalb County, Inc.

Name & Main Office Address: Kathleen M. Alberts, MSW, LCPC Phone: (815) 758-8618

14 Health Services Drive Fax: (815) 758-7569 DeKalb, IL 60115

Fmail: Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes

IL LCPC #180-004462; Certified Sex Offender Licenses: Treatment? Yes All treatment provider qualifications? Yes Tx Specialist

Adult? Yes All evaluation provider qualifications? Yes Yes Juvenile? All applicant attestation qualifications: Yes

Family, Divorce & Mediation of Ogle County

Name & Main Office Address: Kathleen M. Alberts. MSW. LCPC Phone: (815) 562-8818 1500 West Lincoln Avenue Fax:

(815) 562-8818 Rochelle, IL 61068

Fmail: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC #180-004462; Certified Sex Offender Treatment? Yes All treatment provider qualifications? Yes Tx Specialist

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Forensic Psych Associates, Ltd.

Name & Main Office Address: Robert H. Gordon, Ph.D. Phone: (312) 917-1610 203 N. LaSalle Street, #2100 Fax: (608) 756-5174

Chicago, IL 60601 rgordon@forensicpsych.com

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: IL LCP Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes



Juvenile?

Adult?

Yes

Yes

Sex Offender Management Board Approved Provider List - By County



<u>DeKalb</u>

Glenwood	d Testing	Center				
Name & Main Office Address:		Frank E. Cushing, Psy.D. 2823 Glenwood Avenue Rockford, IL 61101		Phone: Fax:	(815)	9 968-8133 9 968-4656
Services Provide	ed:			Email:		ljuno.com
Evaluations?	Yes	Provider Meets the following qualifications	:	Language	(s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LCP #071-002590
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile?	Yes	All applicant attestation qualifications:	Yes			
Name & Main Of		Kyle Cushing, Psy.D. 2823 Glenwood Avenue Rockford, IL 61101		Phone: Fax: Email:	(815)) 968-5342) 968-4656 shing@juno.com
Services Provide				Language		English
Evaluations?	Yes	Provider Meets the following qualifications		Licenses:	(3).	IL LCP, Consulting Forensic Examiner
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses.		in Lear, Consulting Forensic Examiner
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Jeffrey B.	Sundber	ra				
Name & Main Of	ffice Address:	Jeffrey B. Sundberg P. O. Box 17044, 610 A East State Street Rockford, IL 61110		Phone: Fax: Email:) 332-8342) 332-8342
Evaluations?	Yes	Provider Meets the following qualifications		Language	(s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LCSW #149-003876, ACSW, ATSA Membe
Adult ?	Yes		Yes			, ,
		All evaluation provider qualifications?				
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Kane Cou	nty Diagi	nostic Center				
Name & Main Of Services Provide		Timothy Brown, Psy.D. 757 E. Fabyan Parkway Batavia, IL 60510		Phone: Fax: Email:	(630)) 262-4480) 262-4484 ntimothy@co.kane.il.us
Evaluations ?	Yes	Provider Meets the following qualifications		Language		English
Treatment ?		All treatment provider qualifications?	No	Licenses:	` '	IL LCP #071-003827
	No	•				
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes		(000)	
Name & Main Of		Lesley Kane, Psy.D. 757 E. Fabyan Parkway Batavia, IL 60510		Phone: Fax: Email:	(630)) 262-4480) 262-4484 lesley@co.kane.il.us
Services Provide				Language		English
Evaluations ?	Yes	Provider Meets the following qualifications		Licenses:	(3).	IL LCP-#071-006757
Treatment ?	No	All treatment provider qualifications?	No	Licerises.		IL LCP-#071-000757
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main Of	ffice Address:	Mark J. Kuzia, Psy.D. 757 E. Fabyan Parkway Batavia, IL 60510		Phone: Fax:) 262-4480) 262-4484
Services Provide	ed:	Datavia, IL 00010		Email:	mjku	zia@netzero.com
Evaluations ?	Yes	Provider Meets the following qualifications	:	Language	(s):	English
Treatment ?	No	All treatment provider qualifications?	No	Licenses:		None
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main O		Amanda Rosenkoetter 757 E. Fabyan Parkway Batavia, IL 60510	. 55	Phone: Fax:	(630)) 262-4480) 262-4484
Services Provide	ed:			Email:	•	enkoetter@comcast.net
Evaluations?	Yes	Provider Meets the following qualifications	•	Language	(s):	English
Treatment ?	No	All treatment provider qualifications?	No	Licenses:		IL LCP

Yes

Yes

All evaluation provider qualifications?

All applicant attestation qualifications:



Yes



DeKalb

Kane County Diagnostic Center

 Name & Main Office Address:
 Alexandra Tsang, Psy.D.
 Phone:
 (630) 444-1081

 757 E. Fabyan Parkway
 Fax:
 (630) 262-4484

Batavia, IL 60510

Services Provided:

Batavia, IL 60510

Email: tsangalexandra@co.kane.il.us

Evaluations? Yes Provider Meets the following qualifications: Language(s): English , Polish

Treatment? No All treatment provider qualifications? No Licenses: IL LCP

Adult? Yes All evaluation provider qualifications? Yes

Kids Hope United

Yes

Juvenile?

Name & Main Office Address: Kristan Cameron Phone: (847) 245-6570

All applicant attestation qualifications:

215 N. Milwaukee Avenue Fax: (847) 245-6714 Lake Villa, IL 60046

Services Provided: Email: kcameron@kidshopeunited.org

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC 180-002580

Adult? No All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Shenandoah Cardwell Phone: (847) 245-6544

215 N. Milwaukee Avenue Fax: (847) 245-6714 Lake Villa, IL 60046

Services Provided: Email: scardwell.LCPC@comcast.net

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC #180-001256, WI LPC #2906-125, NCC #22818

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Denny Clouse, MSW, LCSW Phone: (847) 741-7140

1750 E. Main Street, Suite 40 Fax: (847) 741-2089 St. Charles, IL 60174

Services Provided: Email: dclouse@kidshopeunited.org

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW #149-005893, Clinical ATSA

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Dennis Kyrouac Phone: (847) 741-7140

1750 E. Main Street, Suite 40 Fax: (847) 741-2089 St. Charles, IL 60174

Services Provided: Email: dkyrouac@msn.com
Evaluations? No Provider Meets the following qualifications: Language(s): English

Evaluations? No Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IAODAPCA Counselor, CADC

Adult? Yes All evaluation provider qualifications? No

Juvenile?YesAll applicant attestation qualifications:YesName & Main Office Address:Liza Simon-RoperPhone:(847) 245-6547

215 N. Milwaukee Avenue Fax: (847) 245-6714
Lake Villa, IL 60046

Services Provided: Email: Isroper@kidshopeunited.org

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW, WI LCSW, ATSA Member

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Nicholas F. O'Riordan, Ph.D.

Yes

Juvenile?

Name & Main Office Address: #Error Phone: (815) 241-4575

Fax:

Services Provided: Email: droriordan@sbcglobal.net

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

All applicant attestation qualifications:

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCP #071-3652

Adult? Yes All evaluation provider qualifications? Yes

Generated: 2006 June 23 Page 43 of 204 rpt_somb_ap_by_county





DeKalb

Juvenile?

Yes

worthwes	st Treatm	ent Associates					
Name & Main O	office Address:	Carol Fetzner 645 McHenry Avenue Woodstock, IL 60098		Phone: Fax:	, ,) 337-1234) 337-5653	
Services Provid	ed:	Wedgeson, in coope		Email:			
Evaluations ?	Yes	Provider Meets the following qualifications	:	Language	e(s):	English	
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LCPC #180-000371, NCC 27767	
Adult ?	No	All evaluation provider qualifications?	Yes				
Juvenile ?	Yes	All applicant attestation qualifications:	Yes				
Name & Main O		Patrick C. Littlejohn, MA, NCC, LCPC 645 McHenry Avenue Woodstock, IL 60098		Phone: Fax: Email:	(847)) 337-1234) 608-8570 lejohn@hotmail.com	
Services Provid						English	
Evaluations?	Yes	Provider Meets the following qualifications		Language Licenses:	. ,	IL LCPC, National Certified Counselor, Clinic	
Treatment ?	Yes	All treatment provider qualifications?	Yes	LICENSES.		Member-ATSA	
Adult ?	No	All evaluation provider qualifications?	Yes				
Juvenile ?	Yes	All applicant attestation qualifications:	Yes				
Name & Main O		Bonnie E. Marable 645 McHenry Avenue Woodstock, IL 60098		Phone: Fax: Email:) 337-1234) 608-8572	
<i>Services Provid</i> Evaluations ?	ea: Yes	Drovider Moete the following availities:	_	Language	e(s):	English	
		Provider Meets the following qualifications		Licenses:	. ,	IL LCP #071-006480; IN Psychologist	
Treatment?	Yes	All treatment provider qualifications?	Yes				
Adult ?	No	All evaluation provider qualifications?	Yes				
Juvenile ?	Yes	All applicant attestation qualifications:	Yes		(0.47)	000.0570	
Name & Main O	iffice Address:	Cheryl R. Runion 1185 Dundee Avenue, E-1 Elgin, IL 60120		Phone: Fax:	(847)) 608-8570) 608-8576	
Services Provid	ed:	g, 000		Email:	•	on@comcast.net	
Evaluations ? Yes		Provider Meets the following qualifications	:	Language	e(s):	English	
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LCPC, CADC, CCJP, NCC	
Adult ?	Yes	All evaluation provider qualifications?	Yes				
Juvenile ?	Yes	All applicant attestation qualifications:	Yes				
Name & Main O Services Provid		Dr. Jim Webster, PsyD 1185 Dundee Avenue, E-1 Elgin, IL 60120		Phone: Fax: Email:) 337-1234) 337-5653	
Evaluations?	Yes	Provider Meets the following qualifications		Language	e(s): English		
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:	. ,	None	
Adult?	No	All evaluation provider qualifications?	Yes				
Juvenile ?		All applicant attestation qualifications:	Yes				
	Yes	All applicant attestation qualifications.	162				
RITAS Mi	nistry						
Name & Main O	office Address:	Judith "Jude" C. Skallerup 325 E. Galena Aurora, IL 60505		Phone: Fax:	. ,) 966-0252) 966-0005	
Services Provid				Email:	\(c\).	English	
Evaluations?	Yes	Provider Meets the following qualifications		Language	. ,	English	
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LCPC-180-004615, CSOTS	
Adult ?	Yes	All evaluation provider qualifications?	Yes				
Juvenile ?	Yes	All applicant attestation qualifications:	Yes				
William "	Kip" Hilln	nan, Psy.D.					
Name & Main O	-	William "Kip" Hillman, Psy.D. 4064 N. Lincoln, #290 Chicago, IL 60618		Phone: Fax:	(773)	9 933-0060 9 989-0275	
Services Provid	led:	-		Email:		llman@yahoo.com	
Evaluations?	Yes	Provider Meets the following qualifications	:	Language		English	
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL Psychology 071-003686	
Adult ?	Yes	All evaluation provider qualifications?	Yes				

Yes

All applicant attestation qualifications:





DeWitt

Juvenile?

Yes

ABC Counseling and Family Services

 Name & Main Office Address:
 Lynn Willard, MA, MSW
 Phone:
 (309) 451-9495

 705 E. Lincoln
 Fax:
 (309) 451-9404

Normal, IL 61761 Email: | willard@abccounseling.org

Services Provided: Email: Iwillard@abo

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC #180-004238

Adult? No All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Art Therapy and Counseling Services

Name & Main Office Address: Laurie A. Cox Phone: (309) 452-5326

101 E. College Avenue, Suite D

Normal, IL 61761

Fax: (309) 452-5356

Email: coxlaurie@msn.com

Services Provided: Email: Coxiaurie@m:

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment 2 Yes All treatment provider qualifications? Yes Licenses: IL LCPC, CADC

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC, CADO

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Cokley, Sunderland & Cokley

Name & Main Office Address: Robert L. Cokley, Ph.D. Phone: (217) 422-0053

348 West Prairie Avenue, Suite Fax: (217) 422-0374

Decatur, IL 62522
Services Provided: Email:

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW- #149-000865, Doctorate

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Community Resource and Counseling Center

 Name & Main Office Address:
 Laurelyn Cropek
 Phone:
 (217) 379-4302

 P.O. Box 162
 Fax:
 (217) 379-4304

P.O. Box 162 Fax: (217) 379-4304
Paxton, IL 60957
Services Provided: Fax: crcc@illicom.net

Evaluations? No Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW-149-005667

Adult? Yes All evaluation provider qualifications? No

Juvenile? No All applicant attestation qualifications: Yes

Name & Main Office Address: Laurie A. Gilbert Phone: (217) 379-4302

P.O. Box 162 Fax: (217) 379-4304
Paxton, IL 60957 Email: lgilbert@4crcc.org

Services Provided: Email: lgilbert@4crcc.c

Evaluations ? Yes Provider Meets the following qualifications: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW-149-010484

Adult? Yes All evaluation provider qualifications? Yes

 Name & Main Office Address:
 Christine Mayer
 Phone:
 (217) 379-4302

 P.O. Box 162
 Fax:
 (217) 379-4304

All applicant attestation qualifications:

Paxton, IL 60957

Services Provided:

Email: ccrc@illicom.net

Evaluations? No Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW-149.009275

Adult? Yes All evaluation provider qualifications? No

Juvenile? No All applicant attestation qualifications: Yes





DeWitt

Community Resource and Counseling Center

Name & Main Office Address: Jeffrey C. Reynolds (217) 379-4302 Phone: P.O. Box 162 Fax: (217) 379-4304 Paxton, IL 60957 Email: ireynolds@4crcc.org

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC #180-004199 All treatment provider qualifications? Treatment? Yes Yes

Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? No Yes

Midwest Counseling

Name & Main Office Address: Bryan Denure Phone: (309) 241-0885

15 S. Capitol, Suite 207 Fax: Pekin, IL 61554 Email:

Services Provided:

Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications:

Licenses: IL LPC #180-005002, CRADC Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? No Juvenile? No All applicant attestation qualifications: Yes

Name & Main Office Address: Keir L. Goatley Phone: (217) 726-8744

917 Clocktower Dr. #420 Fax: Springfield, IL 62704

Email: kgoatley@ameritech.net

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC-#180-004321, (IDPR), CCBT, ATLSA, Licenses: Treatment? Yes All treatment provider qualifications? IL-ATSA

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Gil Pilapil Phone: (309) 241-0885

> 15 S. Capitol, Suite 207 Fax: Pekin, IL 61554

Email: Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications: Licenses: None

Treatment? Yes All treatment provider qualifications? Yes Adult? No Yes All evaluation provider qualifications? Juvenile? No All applicant attestation qualifications: Yes

DuPage

Juvenile?

Juvenile?

Adelante, P.C.

Nο

Yes

Name & Main Office Address: Eileen Arzani Phone: (773) 486-0031 1608 N. Milwaukee, Suite 407

(773) 486-1891 Fax: Chicago, IL 60647

Email: Services Provided:

Language(s): English, Spanish Evaluations? Yes Provider Meets the following qualifications:

IL LCSW Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes

All applicant attestation qualifications:

All applicant attestation qualifications:

Name & Main Office Address: (773) 486-0031 Evaristo Ruiz Phone:

1608 N. Milwaukee, Suite 407 Fax: (773) 486-1891

Chicago, IL 60647 Email: Services Provided:

Language(s): English, Italian, Spanish Evaluations? Yes Provider Meets the following qualifications:

Yes

Yes

Licenses: IL LCSW Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes





DuPage

Adelante, P.C.

Name & Main Office Address: Karen Stanbary Phone: (773) 486-0031 1608 N. Milwaukee, Suite 407 (773) 486-1891

Fax: Chicago, IL 60647 Email:

Services Provided:

Language(s): English, Spanish Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCSW Treatment? Yes Yes

All treatment provider qualifications? Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Affiliated Psychologists, LTD

Name & Main Office Address: Patrick Hoatlin, LCSW Phone: (773) 286-3100

4801 W. Peterson Avenue, Suite 525 Fax: (773) 777-7543 Chicago, IL 60646

Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCSW #149-011120 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications? Juvenile? No All applicant attestation qualifications: Yes

Name & Main Office Address: Barry M. Leavitt, Psy.D. Phone: (773) 286-3100 4801 W. Peterson Avenue, Suite 525

(773) 777-7543 Fax: Chicago, IL 60646

Email: ckopeny@ap-ltd.com Services Provided: Language(s): English

Evaluations? Provider Meets the following qualifications: Yes IL LCP, Hare Psychopathy Checklist (PCL-R) Licenses: Treatment? Yes All treatment provider qualifications?

Certification

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Phone: (773) 286-3100 Ray Quackenbush 4801 W. Peterson Avenue, Suite 525

Fax: (773) 777-7543 Chicago, IL 60646 Email: quaq@earthlink.net Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL Psychology License #091-006293, Clinical Treatment? Yes All treatment provider qualifications? Yes

Member ATSA Adult? Yes Yes All evaluation provider qualifications?

Juvenile? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Phil Reidda, Ph.D. Phone: (773) 286-3100 4801 W. Peterson Avenue, Suite 525 Fax: (773) 777-7543

Chicago, IL 60646 Fmail: ckopeny@ap-ltd.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCP, Hare Psychopathy Checklist (PCL-R) Licenses: Treatment? Yes All treatment provider qualifications? Yes Certification, Diplomat American Board Adult? Yes All evaluation provider qualifications? Yes

Professional Psychologists Juvenile? Yes All applicant attestation qualifications: Yes

Laura T. Schultz, Psy.D. Name & Main Office Address: Phone: (773) 286-3100

4801 W. Peterson Avenue, Suite 525 Fax: (773) 777-7543 Chicago, IL 60646

Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCP Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications?

All applicant attestation qualifications:

All applicant attestation qualifications:

Name & Main Office Address: Pamela C. Van Wyk Phone: (765) 721-7863 4801 W. Peterson Avenue, Suite 525 Fax: (773) 777-7543

Yes

No

Juvenile?

Juvenile?

Chicago, IL 60646 Email: pcvw811@illicom.net Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL-LCPC, IN-LMHC, AL-LMFT, ATSA Clinical

Treatment? No All treatment provider qualifications? Yes Member Adult? No All evaluation provider qualifications? Yes

Yes





DuPage

Name & Main Office Address: Services Provided:		Michael Albert 27255 N. Fairfield Road Mundelein, IL 60060		Phone: (847) 487-9455 Fax: (847) 487-9360
				Email: malbert@abtc-centers
Evaluations?	Yes	Provider Meets the following qualifications	i:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LPC
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Jenny Anderson		Phone: (847) 587-7905
		27255 N. Fairfield Road		Fax: (847) 487-9360
Services Provid	led:	Mundelein, IL 60060		Email: janderson@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	·. Yes	Licenses: IL LSW
Adult?	Yes		No	
		All evaluation provider qualifications?		
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	Phone: (947) 497 0455
Name & Main O	nice Address:	Jenifer Brickman 27255 N. Fairfield Road		Phone: (847) 487-9455
		Mundelein, IL 60060		Fax: (847) 487-9360
Services Provid	led:	•		Email: jbrickman@abtc-centers.org
Evaluations?	Yes	Provider Meets the following qualifications	::	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW-149-010065
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Arturo Gudino, Jr.		Phone: (847) 487-9455 x226
		715 Lake Street		Fax: (708) 386-8145
Services Provid	led:	Oak Park, IL 60301		Email: agudino@abtc-centers.org
Evaluations?	No No	Provider Meets the following qualifications	:-	Language(s): English , Spanish
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC#180-004330
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C		Michael Igaravidez, Psy.D.	103	Phone: (847) 487-9455
rame a man e	moe naaress.	715 Lake Street		Fax: (708) 386-8145
		Oak Park, IL 60301		Email: migaravidez@abtc-centers.org
Services Provid				
Evaluations?	Yes	Provider Meets the following qualifications		Language(s): English Licenses: IL LCP #071-006172
Treatment ?	Yes	All treatment provider qualifications?	Yes	LIGH365. IL LOF #U/1-UU01/2
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main O	Office Address:	Theresa Jackson		Phone: (847) 487-9455
		715 Lake Street Oak Park, IL 60301		Fax: (708) 848-6176
Services Provid	led:	, . _ 50001		Email: tjackson@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications	s:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LSW-#150-006805
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main O		Dawn Livorsi		Phone: (847) 487-9455
		27255 N. Fairfield Road		Fax: (847) 487-9360
Cominas Descis	lo d	Mundelein, IL 60060		Email: dlivorsi@abtc-centers.org
Services Provid		Duradidan Mareta tha Calles Community		Language(s): English
Evaluations?	Yes	Provider Meets the following qualifications		Licenses: None
Treatment ?	Yes	All treatment provider qualifications?	Yes	Listinos. Hono
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	





DuPage

Name & Main Office Address:		Deborah May 27255 N. Fairfield Road Mundelein, IL 60060		Phone: (847) 487-9455 Fax: (847) 487-9360
Services Provid	ded:	Manacient, ie 00000		Email: dmay@abtc-centers.org
Evaluations ?	Yes	Provider Meets the following qualifications	3:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Robin McGinnis, MSW		Phone: (847) 487-9455
		27255 N. Fairfield Road		Fax: (847) 487-9360
Services Provid	ded:	Mundelein, IL 60060		Email: rmcginnis@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications	·	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C		Becky Palmer	162	Phone: (708) 386-8145 x23
Name & Main C	office Address:	715 Lake Street		,
		Oak Park, IL 60301		Fax: (708) 848-6176
Services Provid	ded:			Email: bpalmer802@aol.com
Evaluations?	Yes	Provider Meets the following qualifications	3:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Melissa Pannell		Phone: (847) 487-9455 x145
		27255 N. Fairfield Road		Fax: (847) 487-9360
Services Provid	ded:	Mundelein, IL 60060		Email: mpannell@abtc-centers.org
Evaluations ?	Yes	Provider Meets the following qualifications	s:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LPC, ABEL Certified
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C		Lauren Parks		Phone: (847) 487-9455 x146
	, , , , , , , , , , , , , , , , , , ,	27255 N. Fairfield Road		Fax: (847) 487-9360
		Mundelein, IL 60060		Email: lparks@abtc-centers.org
Services Provid				Language(s): English
Evaluations ?	Yes	Provider Meets the following qualifications		Licenses: None
Treatment ?	Yes	All treatment provider qualifications?	Yes	LICEUSES. INOTIE
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Kevin J. Robson		Phone: (847) 487-9455 x165
		27255 N. Fairfield Road Mundelein, IL 60060		Fax: (847) 487-9037
Services Provid	ded:	Wandown, IE 00000		Email: krobson@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications	3:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: First Aid, CPR Part I, Surrogate PatientTraine
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C		Eva San Pedro		Phone: (847) 487-9455
		715 Lake Street		Fax: (708) 386-8145
Common Durant	do de	Oak Park, IL 60301		Email: esanpedro@abtc-centers.org
Services Provid		Duraidan Manta tha fallandan marifford		Language(s): English , Spanish
Evaluations?	No	Provider Meets the following qualifications		Licenses: None
Treatment ?	Yes	All treatment provider qualifications?	Yes	LIGOTIOGS. INCITO
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	





DuPage

Name & Main Office Address:		Carolyn Seaman 27255 N. Fairfield Road Mundelein, IL 60060		Phone: (847) 487-9455 x135 Fax: (847) 487-9360		
Services Provid	led:	Mundeleni, IL 00000		Email: cseaman@abtc-centers.org		
Evaluations ?	No	Provider Meets the following qualifications	:	Language(s): English		
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: None		
Adult ?	No	All evaluation provider qualifications?	No			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main O		Natalie Seel		Phone: (847) 487-9455		
		27255 N. Fairfield Road		Fax: (847) 487-9360		
Caminas Duarid	l= =1-	Mundelein, IL 60060		Email: nseel@abtc-centers.org		
Services Provid		Duranidas Marata tha fallowing availfication	_	Language(s): English		
Evaluations?	No	Provider Meets the following qualifications		Licenses: LSW		
Treatment ?	Yes	All treatment provider qualifications?	Yes			
Adult ?	No	All evaluation provider qualifications?	No			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	200		
Name & Main O	ffice Address:	Edgar F. Sherk 27255 N. Fairfield Road		Phone: (847) 487-9455		
		Mundelein, IL 60060		Fax: (847) 487-9360		
Services Provide	ed:	,		Email: esherk@abtc-centers.org		
Evaluations?	No	Provider Meets the following qualifications	:	Language(s): English		
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW #149-002963		
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main O	ffice Address:	Susan Urban		Phone: (847) 487-9455		
		27255 N. Fairfield Road		Fax: (847) 487-9037		
Services Provide	led:	Mundelein, IL 60060		Email: surban@abtc-centers.org		
Evaluations?	Yes	Provider Meets the following qualifications		Language(s): English		
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW #149-011169		
Adult?	No	All evaluation provider qualifications?	Yes			
		· ·				
Juvenile ? Name & Main O	Yes	All applicant attestation qualifications:	Yes	Dhana. (047) 407 0455		
Name & Main O	ilice Address.	Keef Weinstein 27255 N. Fairfield Road		Phone: (847) 487-9455		
		Mundelein, IL 60060		Fax: (847) 487-9360		
Services Provid	led:			Email: kweinstein@abtc-centers.org		
Evaluations?	Yes	Provider Meets the following qualifications	:	Language(s): English		
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LPC		
Adult ?	Yes	All evaluation provider qualifications?	No			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main O	ffice Address:	Karen Wolownik, MSW		Phone: (847) 487-9455		
		27255 N. Fairfield Road Mundelein, IL 60060		Fax: (847) 487-9360		
Services Provide	ed:	Mundelein, IL 60000		Email: kwolownik@abtc-centers.org		
Evaluations ?	Yes	Provider Meets the following qualifications	:	Language(s): English		
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL-LCSW #149-010954, CSW (Michigan),		
Adult ?	Yes	All evaluation provider qualifications?	Yes	Certified Adolescent Sexual Offender Prof.		
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
		tual Change				
Name & Main O		Don R.J. Castaldi, Psy.D.		Phone: (708) 524-1301 x2		
a man o	50 /	9239 Gross Point Road, Suite 300		Fax: (708) 524-1401		
.		Skokie, IL 60077		Email: donc@centerforcontextualchange.org		
Services Provide		B		Language(s): English		
Evaluations ?	Yes	Provider Meets the following qualifications		Licenses: Advanced Training in Abel Screen		
Treatment ?	Yes	All treatment provider qualifications?	Yes	Advanced Halling III Abel Scieeli		
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile?	Yes	All applicant attestation qualifications:	Yes			





DuPage

Center for Contextual Change

Center fo	r Context	tual Change		
Name & Main Office Address:		Don R.J. Castaldi, Psy.D. 125 N. Marion Street, Suite 201 Oak Park, IL 60301		Phone: (708) 524-1301 x2 Fax: (708) 524-1401
Services Provid	led:	Oak Faik, IL 0030 F		Email: donc@centerforcontextualchange.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: Advanced Training in Abel Screen
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C		Joseph J. Cortese 9239 Gross Point Road, Suite 300 Skokie, IL 60077		Phone: (847) 676-4447 x312 Fax: (847) 676-4450 Email: cortese1@comcast.net
Services Provid				
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English Licenses: IL LCSW #149-000645
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses. IL LCSVV #149-000045
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C Services Provide		Peg Duros 9239 Gross Point Road, Suite 300 Skokie, IL 60077		Phone: (847) 676-4447 x221 Fax: (847) 676-4450 Email: pegd@centerforcontextualchange.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW #149-002016
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Joel A. Falco, MA, LCSW 9239 Gross Point Road, Suite 300 Skokie, IL 60077		Phone: (847) 674-4447 x300 Fax: (847) 676-4450
Services Provided:				Email: hopecat@hotmail.com
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW, Clinical Member of ATSA
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C Services Provide		Joel A. Falco, MA, LCSW 125 N. Marion Street, Suite 201 Oak Park, IL 60301		Phone: (847) 674-4447 x300 Fax: (847) 676-4450 Email: hopecat@hotmail.com
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW, Clinical Member of ATSA
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C		Michael "Mike" Just 9239 Gross Point Road, Suite 300 Skokie, IL 60077	163	Phone: (847) 676-4447 x301 Fax: (847) 676-4450
Services Provid	led:			Email: justmikejust@sbcglobal.net
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC #180-006042; Attorney
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	office Address:	Michael "Mike" Just 125 N. Marion Street, Suite 201 Oak Park, IL 60301		Phone: (847) 676-4447 x301 Fax: (847) 676-4450
Services Provid	led:	•		Email: justmikejust@sbcglobal.net
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC #180-006042; Attorney
	V	All evaluation provider qualifications?	Yes	
Adult ?	Yes	All evaluation provider qualifications:	163	





DuPage

Center for Contextual Change

Name & Main Office Address: Kelli Underwood Phone: (847) 676-4447 x223

125 N. Marion Street, Suite 201 Fax: (847) 676-4450
Oak Park, IL 60301 Email: kelliunderwoodccc@hotmail.com

Services Provided:

Evaluations? Yes Provider Meets the following qualifications: Language(s): English
Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Chicago Christian Counseling Center

Name & Main Office Address: Anne Krick Phone: (708) 845-5500 x106

15127 S. 73rd Avenue, Suite G Fax: (708) 845-5504 Orland Park, IL 60462

Services Provided: Email: akrick@chicagochristioncounseling.org

Evaluations? No Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCP #071-005562

Adult? Yes All evaluation provider qualifications? No Juvenile? No All applicant attestation qualifications: Yes

Chuck Lederman, LCSW

Name & Main Office Address: Chuck Lederman, LCSW Phone: (630) 269-3146

68 Main Street, P. O. Box 95 Fax: (630) 551-0988

Oswego, IL 60543

Services Provided:

Chuck60543

Email: chuck60543@aol.com

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment ? Yes All treatment provider qualifications? Yes Licenses: IL LCSW

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Cornerstone Clinical Associates, Ltd.

Name & Main Office Address: Warren B. Matson Phone: (630) 871-0770

300 S. County Farm Road, #E Fax: (630) 871-0772

Wheaton, IL 60187

Services Provided:

Wheaton, IL 60187

Email: wmatson@email.com

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: LCPC, ATSA

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Forensic Psych Associates, Ltd.

Name & Main Office Address: Robert H. Gordon, Ph.D. Phone: (312) 917-1610

203 N. LaSalle Street, #2100 Fax: (608) 756-5174

Chicago, IL 60601

Services Provided:

Chicago, IL 60601

Email: rgordon@forensicpsych.com

Evaluations ? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCP

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Forensic Psychology Associates

Name & Main Office Address: Mark Brenzinger, PsyD Phone: (312) 740-9691

445 E. Ohio, Suite 450 Fax: (312) 527-9088
Chicago, IL 60611 Email: ciba9@worldnet.att.net

Services Provided: Email: clbay@world
Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Language(s): English
Treatment? Yes All treatment provider qualifications? Yes Licenses: None

Treatment? Yes All treatment provider qualifications? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes



Name & Main Office Address:

No

Yes

Yes

No

Services Provided:

Evaluations?

Treatment?

Juvenile?

Adult?

Jeffrev C. Clausen

401 Woodruff Road

Provider Meets the following qualifications:

All treatment provider qualifications?

All evaluation provider qualifications?

All applicant attestation qualifications:

Joliet, IL 60432

Sex Offender Management Board Approved Provider List - By County



DuPage

Forensic Psychology Associates

Name & Main Office Address: Eric Ostrov, J.D., Ph.D., ABPP Phone: (312) 740-9691 445 E. Ohio, Suite 450 (312) 527-9088 Fax: Chicago, IL 60611 Email: eostrov@aol.com Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications: IL Psy.D. 071-001951, IL Attorney #3128938 Licenses: Treatment? No All treatment provider qualifications? No Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Yes Yes Name & Main Office Address: Susan Page, Psy.D. Phone: (312) 399-3140 445 E. Ohio, Suite 450 Fax: (312) 527-9088 Chicago, IL 60611 Email: slpage27@aol.com Services Provided: Language(s): English Evaluations? No Provider Meets the following qualifications: Licenses: None Yes Yes Treatment? All treatment provider qualifications? Adult? Yes All evaluation provider qualifications? No Juvenile? Yes All applicant attestation qualifications: Yes IDHS Treatment & Detention Facility Name & Main Office Address: Michael P. Bednarz, MD Phone: (815) 740-8781 x232 401 Woodruff Road (815) 740-8817 Fax: Joliet, IL 60432 dhs41an@dhs.state.il.us Email: Services Provided: Language(s): English Evaluations? No Provider Meets the following qualifications: Licensed Physician & Surgeon; Controled Licenses: Treatment? Yes All treatment provider qualifications? License (substance); DEA License; Brd cert Adult? Yes All evaluation provider qualifications? No internal medicine & psychiatrist Juvenile? No All applicant attestation qualifications: Yes Name & Main Office Address: Mark Brenzinger, PsyD Phone: (815) 740-8781 401 Woodruff Road Fax: (815) 740-8817 Joliet, IL 60432 ciba9@worldnet.att.net Email: Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: None Treatment? Yes All treatment provider qualifications? Yes Adult? Yes Yes All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Robert Brucker, Jr. Phone: (815) 740-8781 401 Woodruff Road Fax: (815) 740-8817 Joliet, IL 60432 Fmail: dhs4140@dhs.state Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications: IL LCP-071-006097 Licenses: Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes Juvenile? No All applicant attestation qualifications: Yes Name & Main Office Address: Lea B. Chankin, Psv.D. Phone: (815) 740-8781 401 Woodruff Road Fax: (815) 740-8817 Joliet, IL 60432 dhs4120@dhs.state.il.us Fmail: Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCP-071-006553 Treatment? Yes All treatment provider qualifications? Yes Adult? Yes Yes All evaluation provider qualifications? Juvenile? No All applicant attestation qualifications: Yes

Yes

Yes

Yes

Phone:

Fax:

Email:

Licenses:

Language(s):

(815) 740-8781

(815) 740-8817

jclausen@mc.net

English

IL LCPC 180-005378





DuPage

IDHS Treatment & Detention Facility

Name & Main C	Office Address:	Detrall Dearbone-Collins 401 Woodruff Road		Phone: (815) 740-8781
		Joliet, IL 60432		Fax: (815) 740-8817 Email: dearbon@cs.com
Services Provid				
Evaluations?	No	Provider Meets the following qualifications		Language(s): English Licenses: IL LCPC, CADC, CCJS
Treatment ?	Yes	All treatment provider qualifications?	Yes	LICENSES. IL LOPO, CADO, COJS
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	William DuBois		Phone: (815) 740-8781 x251
		401 Woodruff Road Joliet, IL 60432		Fax: (815) 740-8817
Services Provid	led:	0001, 12 00 102		Email:
Evaluations?	No	Provider Meets the following qualifications	:	Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LPC #178-004016
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	No	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Catherine A. Furtado, Psy.D.		Phone: (815) 740-8781
		401 Woodruff Road		Fax: (815) 740-8817
Services Provid	led:	Joliet, IL 60432		Email: dhs41cp@dhs.state.il.us
Evaluations?	No	Provider Meets the following qualifications	•	Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: None
		All evaluation provider qualifications?		
Adult ?	Yes	' '	No	
Juvenile ?	No Mina Address	All applicant attestation qualifications:	Yes	Dharas (045) 740 0704 : 040
Name & Main C	nnce Adaress:	Steve Gaskell 401 Woodruff Road		Phone: (815) 740-8781 x246
		Joliet, IL 60432		Fax: (815) 207-1538
Services Provid	led:			Email: drsdg71@gmail.com
Evaluations?	Yes	Provider Meets the following qualifications	:	Language(s): English
Treatment ?	No	All treatment provider qualifications?	No	Licenses: IL LCP #71006877; GA #002566
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	No	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Guy Groot		Phone: (815) 740-8781
		401 Woodruff Road Joliet, IL 60432		Fax: (815) 740-8817
Services Provid	led:	JOHEL, IL JUHJZ		Email: g.groot@mchsi.com
Evaluations?	No	Provider Meets the following qualifications	:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC, CADC, MISA II
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	No	All applicant attestation qualifications:	Yes	
Name & Main C		Shan Jumper		Phone: (815) 740-8781 x221
		401 Woodruff Road		Fax: (815) 740-8817
Continue Drawin	lad:	Joliet, IL 60432		Email: dhs4115@dhs.state.il.us
Services Provid		Dravidor Monto the fallenting available	-	Language(s): English
Evaluations?	Yes	Provider Meets the following qualifications		Licenses: IL LCP 071-006021
Treatment ?	Yes	All treatment provider qualifications?	Yes	12 201 011 000021
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	No	All applicant attestation qualifications:	Yes	Di (0.17) = 10 0=01
Name & Main C	office Address:	Carey Lavaux 401 Woodruff Road		Phone: (815) 740-8781
		Joliet, IL 60432		Fax: (815) 740-8810
Services Provid	led:			Email: dhs4141@dhs.state.il.us
Evaluations?	No	Provider Meets the following qualifications	:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LPC-#178-001064
Adult ?	Yes	All evaluation provider qualifications?	No	
		All applicant attestation qualifications:		





DuPage

IDHS Treatment & Detention Facility

Name & Main C	Office Address:	Chad Lewing 401 Woodruff Road Joliet, IL 60432		Phone: (815) 740-8781 Fax: (815) 740-8817
Services Provid	ded:	Jollet, IL 60432		Email: chadlewing@comcast.net
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
reatment?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	No	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Kimberly S. Litton, Psy.D.		Phone: (815) 740-8781
		401 Woodruff Road		Fax: (815) 740-8817
Services Provid	dad:	Joliet, IL 60432		Email: dhs41bb@dhs.state.il.us
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
reatment?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult?	Yes	All evaluation provider qualifications?		
		· · ·	Yes	
luvenile ?	No Office Address:	All applicant attestation qualifications:	Yes	Phone: (915) 740 9794
varrie & Main C	Office Address:	Scott W. Maieritsch, Ph.D. 401 Woodruff Road		Phone: (815) 740-8781
		Joliet, IL 60432		Fax: (815) 740-8817
Services Provid	ded:			Email: dhs4139@dhs.state.il.us
Evaluations?	No	Provider Meets the following qualifications:	:	Language(s): English
reatment?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	Yes	All evaluation provider qualifications?	No	
luvenile ?	No	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Rhoda Meacham		Phone: (815) 740-8781 x266
		401 Woodruff Road		Fax: (815) 740-8817
Services Provid	ded:	Joliet, IL 60432		Email:
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
reatment?	Yes	All treatment provider qualifications?	Yes	Licenses: LCSW #149-011604
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	No	All applicant attestation qualifications:	Yes	
	Office Address:	Shane M. Reister, Psy.D.		Phone: (815) 740-8781
		401 Woodruff Road		Fax: (815) 740-8780
	4- 4	Joliet, IL 60432		Email: shanemreister@hotmail.com
Services Provid		Describes Marchalles falles in a sea life and		Language(s): English
Evaluations?	No	Provider Meets the following qualifications:		Licenses: IL LCP#071-007001
Freatment?	Yes	All treatment provider qualifications?	Yes	Εισσίμου. ΤΕ ΕΟΙ πΟΙ Ι ΟΟΙ ΟΟΙ
Adult ?	Yes	All evaluation provider qualifications?	No	
luvenile ?	No	All applicant attestation qualifications:	Yes	PI (0.17) - 10.0701
Name & Main C	Office Address:	Janet Sand 401 Woodruff Road		Phone: (815) 740-8781
		Joliet, IL 60432		Fax: (815) 740-8817
Services Provid	ded:			Email: dhs41A6@dhs.state.il.us
Evaluations?	No	Provider Meets the following qualifications:		Language(s): English
reatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: None
dult ?	Yes	All evaluation provider qualifications?	No	
uvenile?	No	All applicant attestation qualifications:	Yes	
lame & Main C	Office Address:	Craig Schiesser, Psy.D.		Phone: (815) 740-8781
		401 Woodruff Road		Fax: (815) 740-8817
Services Provid	ded:	Joliet, IL 60432		Email:
		Drovider Moete the following qualifications	-	Language(s): English
Evaluations ?	Yes	Provider Meets the following qualifications:		Licenses: IL LCP-#071-005597
Freatment?	Yes	All treatment provider qualifications?	Yes	12 201 701 1 000001
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	No	All applicant attestation qualifications:	Yes	





DuPage

IDHS Treatment & Detention Facility

Name & Main C	Office Address:	Karen Smith 401 Woodruff Road		Phone: (815) 740-8781 Fax: (815) 740-8817
		Joliet, IL 60432		Email: karenspc@yahoo.com
Services Provid		D 11 M 11 M 11 M 12 M		Language(s): English
Evaluations?	Yes	Provider Meets the following qualifications:		Licenses: IL LCPC
Freatment?	Yes	All treatment provider qualifications?	Yes	Electrocos.
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	No	All applicant attestation qualifications:	Yes	DI (015) 740 0704
Name & Main C	ffice Address:	Thomas J. Speaker, Ph.D., LCPC 401 Woodruff Road		Phone: (815) 740-8781
		Joliet, IL 60432		Fax: (815) 740-8817
Services Provid	led:			Email: tspeaker@sbcglobal.net
Evaluations ?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC #180-003801, CADC III, WI LCSW
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	No	All applicant attestation qualifications:	Yes	
Name & Main C	office Address:	Natasha Stumpf		Phone: (815) 740-8781
		401 Woodruff Road		Fax: (815) 740-8817
Services Provia	led:	Joliet, IL 60432		Email:
Evaluations ?	No	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LPC-#178-002746, NCC
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	No	All applicant attestation qualifications:	Yes	
Name & Main C		Sylvia Sun	103	Phone: (815) 740-8781
varrie a mairi e	mice Address.	401 Woodruff Road		Fax: (815) 740-8817
		Joliet, IL 60432		Email: psysun@yahoo.com
Services Provid				
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English , Mandarin Licenses: IL LCP #071-005619
Treatment ?	Yes	All treatment provider qualifications?	Yes	Elcenses. IE ECF #071-003019
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	No	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Phyllis Tolley		Phone: (815) 740-8781
		401 Woodruff Road Joliet, IL 60432		Fax: (815) 740-8817
Services Provid	led:	30110t, 1E 30402		Email:
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): Cantonese , English
Freatment?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Richard D. "Bo" Travis, MA, LCPC		Phone: (815) 723-2844
		401 Woodruff Road		Fax: (815) 740-8817
Comisso Drovis	lo d	Joliet, IL 60432		Email: botravis@earthlink.net
Services Provid		Drovidor Monte the fallender was 18 and		Language(s): English
Evaluations?	No	Provider Meets the following qualifications:		Licenses: IL LCPC-#180-003461
Freatment?	Yes	All treatment provider qualifications?	Yes	12 201 0 7 100 000 101
Adult ?	Yes	All evaluation provider qualifications?	Yes	
luvenile ?	No	All applicant attestation qualifications:	Yes	B) (0.17) = 10.000 (== :
Name & Main C	mice Address:	Brent Ulrich 401 Woodruff Road		Phone: (815) 740-8781 x251
		Joliet, IL 60432		Fax: (815) 740-8817
Services Provid	led:			Email: blurich623@juno.com
Evaluations ?	No	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: LPC #178-004133
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	No	All applicant attestation qualifications:	Yes	





DuPage

IDHS Treatment & Detention Facility

Name & Main Office Address: Raymond Wood, Ph.D. (815) 740-8781 x220 Phone: 401 Woodruff Road (815) 740-8817 Fax:

Joliet, IL 60432 Email: dhs4108@dhs.state.il.us

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCP-#071-005813 All treatment provider qualifications? Treatment? Yes Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? No All applicant attestation qualifications: Yes

Indian Oaks Academy

Name & Main Office Address: Daphne Bogenscheider Phone: (815) 802-3700 101 Bramble

(815) 468-2310 Fax: Manteno, IL 60950 Email:

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: LCPC, EMDR Level I, CANS, CERAP Treatment? Yes All treatment provider qualifications? Yes

Adult? All evaluation provider qualifications? Yes No Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: (815) 802-3738 Michael Chavers Phone:

101 Bramble Fax: (815) 468-2310

Manteno, IL 60950 Email: Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes Licenses: None

Treatment? Yes All treatment provider qualifications? Adult? No All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Thomas Duff Phone: (815) 802-3700 101 Bramble Fax: (815) 468-2310

Manteno, IL 60950 Email: dufft@nexus-ioa.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses:

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes Nο All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Andrew Fisher Phone: (815) 802-3700 101 Bramble Fax: (815) 468-2310

Manteno, IL 60950 Fmail: fishera@nexus-ioa.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC Licenses: Treatment? No All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Sara E. Langevin, MA Phone: (815) 802-3700 101 Bramble Fax: (815) 468-2310

Manteno, IL 60950 Email: langevins@nexus-ioa.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: Yes

Treatment? All treatment provider qualifications? Yes Adult? No All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Amber Residori, LCSW Phone: (815) 802-3700

101 Bramble Fax: (815) 468-2310 Manteno, IL 60950

Email: residori@nexus-ioa.org Services Provided: Language(s): English, French Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCSW

Treatment? Yes All treatment provider qualifications? Yes Adult? No All evaluation provider qualifications? Yes All applicant attestation qualifications: Yes Juvenile? Yes



Services Provided:

Sex Offender Management Board Approved Provider List - By County



DuPage

Indian Oaks Academy

Name & Main Office Address: William K. Robison (815) 802-3713 Phone: 101 Bramble (815) 468-2310 Fax:

Manteno, IL 60950 Email: robisonw@Nexus-IOA.org

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL Clinical Psyology #071-006191; IL MFT 166-Treatment? Yes All treatment provider qualifications? Yes 000144

Adult? No All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Kevin & Associates

Name & Main Office Address: Maureen Kevin, LCSW Phone: (630) 941-8270

110 Cottage Hill, Suite 305 Fax: (630) 941-8294 Elmhurst, IL 60126

Email: mureenkevin@hotmail.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCSW #149-000550 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Latino Family Services, P.C.

Name & Main Office Address: Arturo Hurtado, LCSW, ACSW (847) 593-7077 Phone

825 E. Golf Road, Suite 1133 Fax: (847) 593-7056

Arlington Heights, IL 60005-5200 Email: Services Provided:

Language(s): English, Spanish Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCSW-#149-005124, ACSW, ATSA Clinical Treatment? Yes All treatment provider qualifications? Yes Member

Adult ? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Laurie L. Riehm, LCSW

Name & Main Office Address: Laurie L. Riehm, LCSW Phone: (630) 587-5631

> P.O. Box 1224 (630) 587-5631 Fax: St. Charles, IL 60174

Fmail: Services Provided:

Language(s): Evaluations? Provider Meets the following qualifications: Yes

IL LCSW, American College of Forensic Licenses: Treatment? Yes All treatment provider qualifications? Yes

Examiners-Certified Clinical Criminal Justice Adult? No All evaluation provider qualifications? Yes

Yes

Yes

Specialist Juvenile? Yes All applicant attestation qualifications: Yes

Marcy Pritzen, LCSW

Juvenile?

Juvenile?

Name & Main Office Address: Phone: (847) 636-6364 Marcy Pritzen, LCSW

> 3295 N. Arlington Heights Rd, Suite 103 Fay: (847) 398-6595

Arlington Heights, IL 60004 Fmail: mpritzen@mindspring.com Services Provided:

Language(s): English

All applicant attestation qualifications:

All applicant attestation qualifications:

Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCSW #149-005331 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes

All evaluation provider qualifications? Yes

McKibbin, MS, LCPC, Alex E.

Yes

Yes

Name & Main Office Address: Alex E. McKibbin, MS, LCPC Phone: (630) 456-2519

24402 W. Lockport, Suite 2-B Fax: (815) 230-3652 Plainfield, IL 60544 a.mckibbin@att.net

Services Provided:

Language(s): English Evaluations? Nο Provider Meets the following qualifications:

IL LCPC-180-001736 Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? No



Yes

Yes



DuPage

Juvenile?

Michael R. Davison

Name & Main Office Address: (847) 788-0645 Michael R. Davison Phone: 3295 N. Arlington Heights Road, Suite 103 (847) 398-6595 Fax:

Arlington Heights, IL 60004 Services Provided:

Email: apsychdoc@aol.com English

Evaluations? Yes Provider Meets the following qualifications:

Language(s): Licenses: Yes

Treatment? Yes All treatment provider qualifications? Adult? Yes All evaluation provider qualifications? IL LCP #071005-382

Yes Nickerson and Associates

Name & Main Office Address: Phone: (630) 707-7380 P.O. Box 239 (also office in Chicago)

All applicant attestation qualifications:

Fax: (630) 839-5068 Winfield, IL 60190 Email: jlowellLCSW@msn.com

Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: IL LCSW #149-003408 Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? All evaluation provider qualifications? Yes Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Debra Nickerson, Psy.D. Phone: (630) 752-9725 P.O. Box 239 (also office in Chicago) Fax:

(630) 752-9726 Winfield, IL 60190 Email: tnick@aol.com

Services Provided: Language(s): English Evaluations? Provider Meets the following qualifications: Yes

IL LCP # 071-006020 Licenses: Treatment? Yes All treatment provider qualifications?

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Oak Forest Psychological Service, P.C.

Name & Main Office Address: Mitchell Hicks, Ph.D., LCPC Phone: (708) 429-2777 x27

6320 W. 159th Street, Suite E Fax: Oak Forest, IL 60452

Fmail: mwhicks@drmitchellhicks.com Services Provided:

Language(s): English **Evaluations?** Yes Provider Meets the following qualifications:

IL LCPC #180-005185, IL LCP #071-006835, Licenses: Treatment? All treatment provider qualifications? Yes Yes

Clinical Member of ATSA Adult? Yes All evaluation provider qualifications? Yes

Juvenile? No All applicant attestation qualifications: Yes

(708) 429-2777 Name & Main Office Address: Dr. Barbra Kraus Phone: 6320 W. 159th Street, Suite E Fax: (708) 429-2780

Oak Forest, IL 60452 Email: bkraus@oakforestpsych.com Services Provided:

Language(s): English Evaluations? Yes

Provider Meets the following qualifications: Licenses: IL LCP-#071-006308 Treatment? Yes Yes

All treatment provider qualifications? Adult? Yes All evaluation provider qualifications? Yes

RITAS Ministry

Yes

Yes

Juvenile?

Juvenile?

Name & Main Office Address: Judith "Jude" C. Skallerup (630) 966-0252 Phone: 325 E. Galena Fax: (630) 966-0005

All applicant attestation qualifications:

All applicant attestation qualifications:

Aurora, IL 60505

Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC-180-004615, CSOTS

Yes

Yes

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes



Fax:



DuPage

Robinson, LCSW, Shirley R.

Name & Main Office Address: Shirley R. Robinson Phone: (815) 467-5552

24829 S. Tryon Street Channahon, IL 60410

Email: shirley.robinson@comcast.net Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications: Licenses: LCSW, BCD Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? No All applicant attestation qualifications: Juvenile? Yes Yes

Simmons and Associates, Inc.

Name & Main Office Address: Ronald C. Simmons, Psy.D. Phone: (630) 257-6690

P.O. Box 772 Fax: (630) 257-6690 Lemont, IL 60439

Email: rcsandassoc@aol.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC #180-000152 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Suire, Ph.D., David M.

Name & Main Office Address: David M. Suire, Ph.D. Phone (573) 330-5402

1012 W. Columbia, Bldg 28 Fax: Farmington, MO 63640

Email: davidsuire@yahoo.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL Psychologist 071-006216; MO Clinical Treatment? No All treatment provider qualifications? No Psychologist; TX Clinical Psychologist Adult ? Yes Yes

All evaluation provider qualifications? No Yes

Juvenile? All applicant attestation qualifications:

William "Kip" Hillman, Psy.D. Name & Main Office Address: William "Kip" Hillman, Psv.D. Phone: (312) 933-0060

4064 N. Lincoln, #290 (773) 989-0275 Fax: Chicago, IL 60618

kiphillman@yahoo.com Fmail: Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes

Licenses: IL Psychology 071-003686 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Edgar

Evaluations?

Juvenile?

Yes

Yes

Human Resources Center of Edgar & Clark Counties

Name & Main Office Address: Rita C. Hay Phone: (217) 465-4118 118 E. Court Street

Fax: (217) 826-3682 Paris, IL 61944 rita.hay@hrcec.org Email: Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? No All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Rod Neeson Phone: (217) 465-4118 118 E. Court Street Fax: (217) 463-1899

All applicant attestation qualifications:

Paris, IL 61944 Email: rod.neeson@HRCEC.org

Services Provided: Language(s): English

Provider Meets the following qualifications: IL LCPC #180-000647, National Board Licenses: Treatment? Yes All treatment provider qualifications? Yes

Certified Counselor, Masters Addiction Adult? Yes All evaluation provider qualifications? Yes Counselor





Edgar

Human Resources Center of Edgar & Clark Counties

Name & Main Office Address: Kimberly B. Smith Phone: 118 E. Court Street Fax:

Paris, IL 61944

Email: kim.smith@hrcec.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCSW Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Edwards

Gary Lemmon and Associates, Inc.

Name & Main Office Address: Gary L. Lemmon Phone: (618) 378-3010 904 E. Main

Fax: (618) 378-2308 Norris City, IL 62869

Email: glemmon@shawneelink.net Services Provided:

Language(s): English Evaluations ? Yes Provider Meets the following qualifications:

IL LCSW-#149-00164, Clinical Member ATSA Licenses Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Yes Juvenile? All applicant attestation qualifications: Yes

Stanislaus, MD, Angeline

Name & Main Office Address: Angeline Stanislaus, M.D. Phone (618) 791-1777

621 S. New Ballas Road, Suite 268A Fax: St. Louis, MO 63141

Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL Medical License #036-102686; Certification Licenses: Treatment? Yes All treatment provider qualifications? Yes in Forensic Psychiatry

Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Yes No

Effingham

Bohlen & Associates, SC

Name & Main Office Address: Joseph G. Bohlen, MD, Ph.D. Phone: (217) 546-3100

3001 Spring Mill Drive, Suite D Fax: (217) 546-3284

Springfield, IL 62704 Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL Physicians & Surgeons Treatment? Yes All treatment provider qualifications? Yes

Adult ? All evaluation provider qualifications? Yes Yes Yes

Juvenile? No All applicant attestation qualifications:

Brown Counseling & Consulting

Name & Main Office Address: Jeffrey R. Brown Phone: (812) 887-5431 2622 Washington Avenue Fax: (812) 886-3010

Vincennes, IN 47591 lazlo81@charter.net Email: Services Provided:

English Language(s): Evaluations? Yes Provider Meets the following qualifications:

ACSW; LCSW, IL #148-008300 & IN Licenses: Treatment? Yes All treatment provider qualifications? Yes #34001119A: CADC III: ATSA

Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications:

Effingham County Probation Office

Name & Main Office Address: Phone: Sandy Taylor, MS, LCPC (217) 347-7931 106 N. Third Street Fax: (217) 347-2001

Effingham, IL 62401-3456 Email: sandy_taylor9@yahoo.com Services Provided:

Language(s): Provider Meets the following qualifications: Evaluations? Yes

IL LCPC #180-005527 Licenses: Treatment? All treatment provider qualifications? Yes Yes

Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? No Yes



Services Provided:

Sex Offender Management Board Approved Provider List - By County



Fayette

Alternatives Counseling, Inc.

Name & Main Office	e Address:	Donya Adkerson, MA	Phone:	(618) 288-8085
		88 S. Main, Suite 2, P.O. Box 639	Fax:	(618) 288-8959
Services Provided:		Glen Carbon, IL 62034	Email:	donya2@aol.com
Evaluations?	es es	Provider Meets the following qualifications:	Language	e(s): English

IL LCPC-180-000271 Licenses: Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

Juvenile? All applicant attestation qualifications: Yes Yes

Name & Main Office Address: Bethany A. Munge, M.A., Q.M.H.P. Phone: (618) 288-8085 x202 88 S. Main, Suite 2, P.O. Box 639 (618) 288-8959 Fax:

Glen Carbon, IL 62034

Email:

Language(s): English Evaluations? No Provider Meets the following qualifications: Licenses: None Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? No Juvenile? Yes All applicant attestation qualifications: Yes

Community Resource Center

Name & Main Office Address: Thomas Sims Phone: (618) 533-1391 101 S. Locust Street Fax: (618) 533-0012 Centralia, IL 62801 Email: simstwo@yahoo.com

Services Provided: Language(s): No

English Evaluations? Provider Meets the following qualifications: IL LPC 178-003866 Licenses: Treatment? Yes All treatment provider qualifications?

Adult? Yes All evaluation provider qualifications? No Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Dale H. Spitler Phone: (618) 533-1391 101 S. Locust Street Fax: (618) 533-0012

Centralia, IL 62801 Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCSW #149-003298, Academy of Certified Treatment? Yes All treatment provider qualifications? Yes Social Workers

Yes

Yes

Adult? Yes Yes All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes

Darlene M. Bushue, M.A., LCPC

Name & Main Office Address: #Error Phone: (618) 444-7736

Fax: Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC 180-004485 Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

Juvenile? No All applicant attestation qualifications:

Effingham County Probation Office

No

Juvenile?

Name & Main Office Address: Sandy Taylor, MS, LCPC Phone: (217) 347-7931 106 N. Third Street Fax: (217) 347-2001 Effingham, IL 62401-3456

Email: sandy_taylor9@yahoo.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

All applicant attestation qualifications:

Licenses: IL LCPC #180-005527 Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes



Email:

coxlaurie@msn.com



Ford

Art Therapy and Counseling Services

Name & Main Office Address: Laurie A. Cox

(309) 452-5326 Phone: 101 E. College Avenue, Suite D (309) 452-5356 Fax:

Normal, IL 61761 Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC, CADC Treatment? Yes Yes

All treatment provider qualifications? Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Yes Yes

Community Resource and Counseling Center

Name & Main Office Address: Laurelyn Cropek Phone: (217) 379-4302 P.O. Box 162 Fax: (217) 379-4304

Paxton, IL 60957 Email: crcc@illicom.net Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications:

IL LCSW-149-005667 Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? All evaluation provider qualifications? No Yes Juvenile? No All applicant attestation qualifications: Yes

Name & Main Office Address: Laurie A. Gilbert Phone: (217) 379-4302 P.O. Box 162 (217) 379-4304 Fax:

Paxton, IL 60957 Email: Igilbert@4crcc.org Services Provided: Language(s): English

Evaluations? Provider Meets the following qualifications: Yes IL LCSW-149-010484 Licenses: Treatment? Yes All treatment provider qualifications?

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Christine Mayer Phone: (217) 379-4302 P.O. Box 162 Fax: (217) 379-4304

Paxton, IL 60957 Email: ccrc@illicom.net Services Provided: Language(s): English Evaluations? Nο

Provider Meets the following qualifications: Licenses: IL LCSW-149.009275 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Nο Juvenile? No All applicant attestation qualifications: Yes

Name & Main Office Address: Jeffrey C. Reynolds Phone: (217) 379-4302 P.O. Box 162 Fax: (217) 379-4304

Paxton, IL 60957 Email: jreynolds@4crcc.org

Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: IL LCPC #180-004199 Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications?

Yes

Dr. James Simone and Associates, LLC

No

Juvenile?

Name & Main Office Address: James Simone Phone: (815) 258-6685 201 Park Place, Suite 2 Fax: (815) 468-5463

All applicant attestation qualifications:

Bourbannais, IL 60914 Fmail: jimdoc21@hotmail.com Services Provided:

Language(s): English

Evaluations? Provider Meets the following qualifications: Yes IL LCP #071-005467 Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes





Ford

Kleppin, MS.Ed., LCPC, CADC, Kleppin

Name & Main Office Address: Michael Kleppin, MS.Ed., LCPC, CADC Phone: (217) 398-0413 P. O. Box 416

Saboy, IL 61874

Services Provided:

Evaluations? Yes Provider Meets the following qualifications: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

(217) 239-6616 Fax:

Email:

Language(s):

Licenses: IL LCPC-#180-005001, CADC

Kling, Joanna M.Ed., LCPC

Name & Main Office Address: Joanna Kling, M.Ed., LCPC Phone: (217) 344-4722 507 W. Springfield Avenue (217) 344-4733 Fax:

Urbana, IL 61801 Email: jokling611@insightbb.com

Services Provided: Language(s): English Evaluations? No Provider Meets the following qualifications:

IL LCPC, NBCC Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? No Juvenile? Yes All applicant attestation qualifications: Yes

Onarga Academy

Juvenile?

Juvenile?

Yes

Yes

Name & Main Office Address: Rebecca Cunningham Phone (815) 268-4001 104 N. Locust Fax: (815) 268-7977

Onarga, IL 60955 Email: rcunnin@nexus-ona.org

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC #180-001150 Treatment? Yes All treatment provider qualifications? Yes

Adult? Nο All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Yes Yes

Name & Main Office Address: William D. Featherstone Phone: (815) 268-4001

104 N. Locust Fax: (815) 268-7977

Onarga, IL 60955 Email: bfeathe@nexus-ona.org Services Provided:

Language(s): English **Evaluations?** Yes Provider Meets the following qualifications:

Licenses: Treatment? All treatment provider qualifications? Yes Yes

Adult? No All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Douglas C. Gossett, M.A., LCPC Phone: (815) 268-4001 104 N. Locust

Fax: (815) 268-7977 Onarga, IL 60955 Email: dgossset@nexus-ona.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC #180-005298 Treatment? Yes All treatment provider qualifications? Yes

Yes

Adult? No All evaluation provider qualifications? Yes

(815) 268-4001 Name & Main Office Address: Jamie Kozma Phone: 104 N. Locust

All applicant attestation qualifications:

Fax: (815) 268-7977 Onarga, IL 60955 Fmail: jkozma@nexus-ona.org Services Provided:

English Language(s): Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC Treatment? Yes All treatment provider qualifications? Yes

Adult? Nο All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Bill Mitchell Phone: (815) 268-4001 104 N. Locust Fax:

(815) 268-7977 Onarga, IL 60955 Email: wmitche@nexus-ona.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: None Licenses:

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes No All evaluation provider qualifications?

All applicant attestation qualifications:





Ford

Onarga Academy

Orial ga A	-			
Name & Main Office Address:		Karen Robertie 104 N. Locust		Phone: (815) 268-4001
		Onarga, IL 60955		Fax: (815) 268-7977
Services Provid	led:	g, 		Email: krobert@nexus-ona.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC 180-005314
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Michael D. Simpson		Phone: (815) 268-4001
		104 N. Locust		Fax: (815) 268-7977
Services Provid	ded:	Onarga, IL 60955		Email: msimpso@nexus-ona.org
Evaluations ?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	• •	Yes	Licenses: IL LCPC 180-005921
Adult ?	No	·	Yes	
Juvenile ?	Yes		Yes	
Name & Main C	Office Address:	Tricia Renee St. Pierre		Phone: (815) 268-4001
		104 N. Locust		Fax: (815) 268-7977
Services Provid	dod:	Onarga, IL 60955		Email: tstpier@nexus-ona.org
Evaluations ?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	• •	Yes	Licenses: NCC
Adult?	No	· · ·	Yes	
	Yes	·		
Juvenile ? Name & Main C		All applicant attestation qualifications: Ryan Weidenbenner	Yes	Phone: (815) 268-4001
Name & Main C	mice Address.	104 N. Locust		
		Onarga, IL 60955		
Services Provid				Email: rweiden@nexus-ong.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English Licenses: IL LCPC
Treatment ?	Yes	' '	Yes	Licenses: IL LCPC
Adult ?	No	' '	Yes	
Juvenile ?	Yes		Yes	
Name & Main Office Address:		Timothy E. White		Phone: (815) 268-4001
		104 N. Locust Onarga, IL 60955		Fax: (815) 268-7977
Services Provid	led:	g, 		Email: twhite@nexus-ona.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile?	Yes	All applicant attestation qualifications:	Yes	

Franklin

Gary Lemmon and Associates, Inc.

Name & Main Office Address: Services Provided:		Gary L. Lemmon 904 E. Main Norris City, IL 62869		Phone: (618) 378-3010		
				Fax: (618	3) 378-2308	
				Email: glemmon@shawneelink.net		
Evaluations?	Yes	Provider Meets the following qualificatio	ns:	Language(s):	English	
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:	IL LCSW-#149-00164, Clinical Member ATSA	
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile?	Yes	All applicant attestation qualifications:	Yes			





IL LCP #071-006668

Franklin

Kosmicki, Ph.D., Frank X.

Name & Main Office Address: Frank X. Kosmicki, Ph.D. (618) 203-6730 Phone: 231 W. Main Street (618) 529-3171 Fax:

Carbondale, IL 62901 Email: Services Provided:

Language(s): Evaluations? Yes Provider Meets the following qualifications:

Licenses: Treatment? No All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes Yes

Linda Stover and Associates

Name & Main Office Address: Linda Stover, M.S.Ed, LCPC, CCJS, CSOTS Phone: (618) 322-2811

417 E. Calumet Fax: (618) 532-6805 Centralia, IL 62801 Email: Istover@netwitz.net

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC, Certified Criminal Justice Specialist, Licenses: Treatment? Yes All treatment provider qualifications? Yes ATSA Member, Certified Sex Offender

Adult? Yes All evaluation provider qualifications? Yes **Treatment Specialist**

Juvenile? Yes All applicant attestation qualifications: Yes

Michael E. Althoff, Ph.D.

Name & Main Office Address: Michael E. Althoff, Ph.D. (618) 549-3587 Phone

> 201 E. Main, Suite 3D Fax: (618) 549-2695 Carbondale, IL 62901 Email: mealthoff@aol.com

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCP, IL Clinical Member - ATSA Treatment? Yes All treatment provider qualifications? Yes

Adult ? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Stanislaus, MD, Angeline

Name & Main Office Address: Angeline Stanislaus, M.D. Phone: (618) 791-1777

> 621 S. New Ballas Road, Suite 268A Fax: St. Louis, MO 63141

Fmail:

Services Provided: Language(s): English

Evaluations? Provider Meets the following qualifications: Yes Licenses: IL Medical License #036-102686; Certification Treatment? Yes All treatment provider qualifications? Yes

Fax:

(309) 833-5570

in Forensic Psychiatry Adult? Yes All evaluation provider qualifications? Yes Juvenile? Nο All applicant attestation qualifications: Yes

Fulton

Juvenile?

Yes

9th Judicial Circuit

Name & Main Office Address: Tye Adair Phone: (309) 837-2307 130 Lafayette, Suite 10

Macomb, IL 61455

tadair@9thjudicial.org Email: Services Provided:

English Language(s): Evaluations? Provider Meets the following qualifications: Yes

Licenses: None Treatment? Yes All treatment provider qualifications? Yes

Adult? Nο All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications:

Knox County Juvenile Detention Home - Court Services, 9th Judicia

All applicant attestation qualifications:

Name & Main Office Address: Stewart Nvi Phone: (309) 342-2481 1319 E. 5th Fax: (309) 343-7922

Galesburg, IL 61401 snyi@9thjudicial.org Email: Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC-180-001104

Treatment? Yes All treatment provider qualifications? Yes Adult? No Yes All evaluation provider qualifications?





Fulton

Lutheran Social Services of Illinois

Name & Main Office Address:	Dee Ann Foss	Phone:	(309) 671-0300 x271
	3000 W. Rohmann West	Fax:	(309) 671-0503
	Peoria, IL 61604	ı an.	(000) 01 1 0000

Services Provided: Email: deeanne.foss-reimers@lssi.org

Evaluations? Yes Provider Meets the following qualifications: Language(s): English
Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

 Name & Main Office Address:
 Yvonne Wojtalik
 Phone:
 (309) 671-0300 x245

 3000 W. Rohmann West
 Fax:
 (309) 671-0503

Peoria, IL 61604

Figure Provided: Email: yvonne.wojtalik@lssi.org

Services Provided: Email: yvonne.wojtalik@iss

Evaluations? Yes Provider Meets the following qualifications: Language(s): English
Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

P. F. Dover Counseling, LLC

 Name & Main Office Address:
 James R. Seavey
 Phone:
 (309) 495-4924

 538 N. Cherry Street
 Fax:
 (309) 495-4993

Galesburg, IL 61401 Email: jspfdovercounseling@yahoo.com

Services Provided: Email: jsptdovercounseling@yahoo

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: Licenses: Language(s): Licenses: Li

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

 Name & Main Office Address:
 Scott A. Smith
 Phone:
 (309) 477-2278

 538 N. Cherry Street
 Fax:
 (309) 477-3113

Galesburg, IL 61401

Services Provided: Email: sspfdovercounseling@yahoo.com

Evaluations 2 Ves Provider Meets the following qualifications: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Language(s): English
Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Resolutions Unlimited

 Name & Main Office Address:
 Michael S. Shear, Psy.D.
 Phone:
 (309) 673-9385

 456 Fulton Street, Suite 101
 Fax:
 (309) 673-9446

Peoria, IL 61602
Services Provided: Email:

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment 2 Ves All treatment provider qualifications? Ves Licenses: IL LCPC-#180-004648

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC-#180-004648

Adult? Yes All evaluation provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? No All applicant attestation qualifications: Yes

Gallatin

Gary Lemmon and Associates, Inc.

 Name & Main Office Address:
 Gary L. Lemmon 904 E. Main
 Phone: (618) 378-3010

 Fax: (618) 378-2308

Norris City, IL 62869
Services Provided:

Norris City, IL 62869
Email: glemmon@shawneelink.net

Evaluations ? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW-#149-00164, Clinical Member ATSA

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes





Gallatin

Michael E. Althoff, Ph.D.

Name & Main Office Address: Michael E. Althoff, Ph.D. (618) 549-3587 Phone:

201 E. Main, Suite 3D (618) 549-2695 Fax: Carbondale, IL 62901 mealthoff@aol.com

Email: Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCP, IL Clinical Member - ATSA Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes Yes

Greene

Alternatives Counseling, Inc.

Name & Main Office Address: Donya Adkerson, MA Phone: (618) 288-8085

88 S. Main, Suite 2, P.O. Box 639 Fax: (618) 288-8959 Glen Carbon, IL 62034 donya2@aol.com

Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC-180-000271 Licenses: Treatment? All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Phone: Name & Main Office Address: Bethany A. Munge, M.A., Q.M.H.P. (618) 288-8085 x202

88 S. Main, Suite 2, P.O. Box 639 Fax: (618) 288-8959 Glen Carbon, IL 62034

Email: Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications: Licenses: None

Treatment? Yes All treatment provider qualifications? Yes Adult ? Yes All evaluation provider qualifications? Nο

Juvenile? Yes All applicant attestation qualifications: Yes

Darlene M. Bushue, M.A., LCPC

Name & Main Office Address: #Error Phone: (618) 444-7736

Fax: Fmail: Services Provided:

Language(s): Evaluations? Provider Meets the following qualifications:

Licenses: IL LCPC 180-004485 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Nο All applicant attestation qualifications: Yes

Grundy

7th Fire Counseling

Name & Main Office Address: Leo J. Meagher Phone: (815) 433-4829

218 W. Madison Street Fax: (815) 433-4028 Ottawa, IL 61350 chawk@mtco.com Email:

Services Provided: Language(s): English Evaluations? Provider Meets the following qualifications: Yes

Licenses: IL LCPC, Clinically Cert. Forensic Counselor, Treatment? Yes All treatment provider qualifications? Yes Clinically Cert. DV Counselor, Cert. Clinical Adult? Yes All evaluation provider qualifications? Yes

Criminal Justice Specialist, Master Addiction Juvenile? All applicant attestation qualifications: Yes Counselor, Cert. Diplomate in Clinical Hypnothe

Chuck Lederman, LCSW

Name & Main Office Address: Chuck Lederman, LCSW Phone: (630) 269-3146 68 Main Street, P. O. Box 95 Fax: (630) 551-0988

Oswego, IL 60543 Email: chuck60543@aol.com Services Provided:

Evaluations? Yes Provider Meets the following qualifications:

English Language(s): Licenses: IL LCSW Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications? All applicant attestation qualifications: Juvenile? Yes Yes





Grundy

Kane County Diagnostic Center

Name & Main Office Address:		Timothy Brown, Psy.D. 757 E. Fabyan Parkway Batavia, IL 60510		Phone: (630) 262-4480 Fax: (630) 262-4484
Services Provid	led:	,		Email: browntimothy@co.kane.il.us
Evaluations?	Yes	Provider Meets the following qualification:	s:	Language(s): English
Treatment ?	No	All treatment provider qualifications?	No	Licenses: IL LCP #071-003827
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main O		Lesley Kane, Psy.D. 757 E. Fabyan Parkway Batavia, IL 60510		Phone: (630) 262-4480 Fax: (630) 262-4484 Email: kanelesley@co.kane.il.us
Services Provid				Language(s): English
Evaluations?	Yes	Provider Meets the following qualification:		Licenses: IL LCP-#071-006757
Treatment ?	No	All treatment provider qualifications?	No	LICETISES. IL LOF-#0/1-000/3/
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main Office Address:		Mark J. Kuzia, Psy.D. 757 E. Fabyan Parkway Batavia, IL 60510		Phone: (630) 262-4480 Fax: (630) 262-4484
Services Provid	led:	,		Email: mjkuzia@netzero.com
Evaluations?	Yes	Provider Meets the following qualification:	s:	Language(s): English
Treatment ?	No	All treatment provider qualifications?	No	Licenses: None
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main Office Address: Services Provided:		Amanda Rosenkoetter 757 E. Fabyan Parkway Batavia, IL 60510		Phone: (630) 262-4480 Fax: (630) 262-4484 Email: ajrosenkoetter@comcast.net
Evaluations?	Yes	Provider Meets the following qualification:	S:	Language(s): English
Treatment ?	No	All treatment provider qualifications?	No	Licenses: IL LCP
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main Office Address:		Alexandra Tsang, Psy.D. 757 E. Fabyan Parkway Batavia, IL 60510		Phone: (630) 444-1081 Fax: (630) 262-4484 Email: tsangalexandra@co.kane.il.us
Services Provided:				3
Evaluations?	Yes	Provider Meets the following qualification:		Language(s): English , Polish Licenses: IL LCP
Treatment ?	No	All treatment provider qualifications?	No	Licenses: IL LCP
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Robinson	, LCSW, S	Shirley R.		
Name & Main Office Address:		Shirley R. Robinson 24829 S. Tryon Street Channahon, IL 60410		Phone: (815) 467-5552 Fax:
Services Provided:				Email: shirley.robinson@comcast.net
Evaluations?	No	Provider Meets the following qualification:	s:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: LCSW, BCD
Adult ?	Yes	All evaluation provider qualifications?	No	
Addit :				





Hamilton

Gary Lemmon and Associates, Inc.

 Name & Main Office Address:
 Gary L. Lemmon
 Phone:
 (618) 378-3010

 904 E. Main
 Fax:
 (618) 378-2308

Norris City, IL 62869 Email: glemmon@shawneelink.net

Services Provided: Email: glemmon@sl
Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW-#149-00164, Clinical Member ATSA

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Jefferson County Comprehensive Services

Name & Main Office Address: Linda Stover, M.S.Ed, LCPC, CCJS, CSOTS Phone: (618) 322-2811

P.O. Box 428 Fax: (618) 532-6805

Mount Vernon, IL 62864

Services Provided:

Email: lstover@netwitz.net

Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC, Certified Criminal Justice Specialist,

Adult ? Yes All evaluation provider qualifications? Yes Treatment Specialist

Adult ? Yes All evaluation provider qualifications? Yes Treatment Specialist Juvenile ? Yes All applicant attestation qualifications: Yes

Michael E. Althoff, Ph.D.

Name & Main Office Address: Michael E. Althoff, Ph.D. Phone: (618) 549-3587

201 E. Main, Suite 3D Fax: (618) 549-2695
Carbondale, IL 62901 Email: mealthoff@aol.com

Services Provided: Email: mealthort@a

Evaluations? Yes Provider Meets the following qualifications:

Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCP, IL Clinical Member - ATSA Adult? Yes All evaluation provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

<u>Hancock</u>

9th Judicial Circuit

Name & Main Office Address: Tye Adair Phone: (309) 837-2307

130 Lafayette, Suite 10 Fax: (309) 833-5570
Macomb, IL 61455

Services Provided: Email: tadair@9thjudicial.org

Evaluations? Yes Provider Meets the following qualifications: Language(s): English
Treatment? Yes All treatment provider qualifications? Yes Licenses: None

Adult? No All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Knox County Juvenile Detention Home - Court Services, 9th Judicia

Name & Main Office Address: Stewart Nyi Phone: (309) 342-2481
1319 E. 5th Fax: (309) 343-7922

Galesburg, IL 61401

Services Provided:

Email: snyi@9thjudicial.org

Evaluations 2 Ves Provider Meets the following qualifications: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC-180-001104

Adult? No All evaluation provider qualifications? Yes

Midwest Counseling

No

Juvenile?

Juvenile?

Name & Main Office Address: Bryan Denure Phone: (309) 241-0885

All applicant attestation qualifications:

All applicant attestation qualifications:

15 S. Capitol, Suite 207 Fax:

Pekin, IL 61554
Services Provided: Email:

Evaluations? No Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LPC #180-005002, CRADC

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LPC #180-005002, CRADC Adult? Yes All evaluation provider qualifications? No

Yes





Hancock

Midwest Counseling

Name & Main Office Address: Keir L. Goatley Phone: (217) 726-8744

917 Clocktower Dr. #420 Fax: Springfield, IL 62704

Email: kgoatley@ameritech.net Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC-#180-004321, (IDPR), CCBT, ATLSA, Treatment? Yes All treatment provider qualifications? Yes IL-ATSA

Adult? Yes All evaluation provider qualifications? Yes

All applicant attestation qualifications: Juvenile? Yes Yes

Name & Main Office Address: Gil Pilapil Phone: (309) 241-0885

15 S. Capitol, Suite 207 Fax: Pekin, IL 61554

Email: Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications: Licenses: None Yes All treatment provider qualifications? Yes Treatment?

Adult? Yes All evaluation provider qualifications? No Juvenile? No All applicant attestation qualifications: Yes

Hardin

Gary Lemmon and Associates, Inc.

Gary L. Lemmon Name & Main Office Address: Phone: (618) 378-3010

904 E. Main Fax: (618) 378-2308 Norris City, IL 62869

Email: glemmon@shawneelink.net Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCSW-#149-00164, Clinical Member ATSA Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Michael E. Althoff, Ph.D.

Name & Main Office Address: Michael E. Althoff, Ph.D. Phone: (618) 549-3587 201 E. Main, Suite 3D Fax: (618) 549-2695

Carbondale, IL 62901 mealthoff@aol.com Fmail:

Services Provided: Language(s):

English Evaluations? Provider Meets the following qualifications: Yes Licenses: IL LCP, IL Clinical Member - ATSA Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Henderson

Juvenile?

Yes

9th Judicial Circuit

Name & Main Office Address: Tye Adair Phone: (309) 837-2307 130 Lafayette, Suite 10

Fax: (309) 833-5570 Macomb, IL 61455

tadair@9thjudicial.org Email: Services Provided:

English Language(s): Evaluations? Yes Provider Meets the following qualifications: Licenses: None

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes Nο All evaluation provider qualifications? Juvenile? All applicant attestation qualifications:

Knox County Juvenile Detention Home - Court Services, 9th Judicia

Name & Main Office Address: Stewart Nvi Phone: (309) 342-2481 1319 E. 5th Fax: (309) 343-7922

All applicant attestation qualifications:

Galesburg, IL 61401 snyi@9thjudicial.org Email: Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC-180-001104

Treatment? Yes All treatment provider qualifications? Yes Adult? No Yes All evaluation provider qualifications?

Generated: 2006 June 23 Page 71 of 204 rpt_somb_ap_by_county





Henry

		·	•		
Name & Main Office Address: Services Provided:		Michael Albert 27255 N. Fairfield Road		Phone: (847) 487-9455 Fax: (847) 487-9360	
		Mundelein, IL 60060		Email: malbert@abtc-centers	
Evaluations ? Yes		Provider Meets the following qualifications	:	Language(s): English	
Freatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LPC	
Adult ?	No	All evaluation provider qualifications?	Yes		
luvenile ?	Yes	All applicant attestation qualifications:	Yes		
Name & Main O		Jenny Anderson	100	Phone: (847) 587-7905	
varrie a mair e	moe Address.	27255 N. Fairfield Road Mundelein, IL 60060		Fax: (847) 487-9360	
Services Provid	led:	Wandelen, 12 00000		Email: janderson@abtc-centers.org	
Evaluations?	No	Provider Meets the following qualifications	:	Language(s): English	
reatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LSW	
Adult ?	Yes	All evaluation provider qualifications?	No		
Juvenile ?	Yes	All applicant attestation qualifications:	Yes		
Name & Main Office Address:		Jenifer Brickman 27255 N. Fairfield Road Mundelein, IL 60060		Phone: (847) 487-9455 Fax: (847) 487-9360	
Services Provid	led:			Email: jbrickman@abtc-centers.org	
Evaluations ?	Yes	Provider Meets the following qualifications	:	Language(s): English	
reatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW-149-010065	
Adult ?	Yes	All evaluation provider qualifications?	Yes		
luvenile ?	Yes	All applicant attestation qualifications:	Yes		
lame & Main O	Office Address:	Arturo Gudino, Jr.		Phone: (847) 487-9455 x226	
		715 Lake Street Oak Park, IL 60301		Fax: (708) 386-8145	
Services Provid	led:	Out i unt, in oboot		Email: agudino@abtc-centers.org	
Evaluations?	No	Provider Meets the following qualifications	:	Language(s): English , Spanish	
reatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC#180-004330	
Adult ?	Yes	All evaluation provider qualifications?	No		
luvenile ?	Yes	All applicant attestation qualifications:	Yes		
Name & Main O	Office Address:	Michael Igaravidez, Psy.D. 715 Lake Street Oak Park, IL 60301		Phone: (847) 487-9455 Fax: (708) 386-8145	
Services Provid	led:	oak rank, in occor		Email: migaravidez@abtc-centers.org	
Evaluations?	Yes	Provider Meets the following qualifications	:	Language(s): English	
reatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCP #071-006172	
Adult ?	Yes	All evaluation provider qualifications?	Yes		
Juvenile ?	Yes	All applicant attestation qualifications:	Yes		
Name & Main Office Address:		Theresa Jackson 715 Lake Street Oak Park, IL 60301		Phone: (847) 487-9455 Fax: (708) 848-6176	
Services Provid	led:	Carrian, in Socot		Email: tjackson@abtc-centers.org	
Evaluations ?	No	Provider Meets the following qualifications	:	Language(s): English	
reatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LSW-#150-006805	
Adult ?	Yes	All evaluation provider qualifications?	No		
luvenile ?	Yes	All applicant attestation qualifications:	Yes		
Name & Main Office Address:		Dawn Livorsi 27255 N. Fairfield Road Mundelein, IL 60060		Phone: (847) 487-9455 Fax: (847) 487-9360 Email: dlivorsi@abtc-centers.org	
Services Provid		Durandan Marta tha fallanca annually		Language(s): English	
Evaluations?	Yes	Provider Meets the following qualifications		Licenses: None	
Freatment?	Yes	All treatment provider qualifications?	Yes	LICOTIOGS. INCITO	
Adult ?	No	All evaluation provider qualifications?	Yes		
Juvenile ?	Yes	All applicant attestation qualifications:	Yes		





Henry

Name & Main C	Office Address:	Deborah May 27255 N. Fairfield Road Mundelein, IL 60060		Phone: (847) 487-9455 Fax: (847) 487-9360
Services Provid	led:	Mulideleili, IL 60000		Email: dmay@abtc-centers.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW
Adult ?	No		Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C		Robin McGinnis, MSW 27255 N. Fairfield Road Mundelein, IL 60060		Phone: (847) 487-9455 Fax: (847) 487-9360
Services Provid	led:			Email: rmcginnis@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C		Becky Palmer 715 Lake Street Oak Park, IL 60301		Phone: (708) 386-8145 x23 Fax: (708) 848-6176 Email: bpalmer802@aol.com
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes		Yes	Licenses: None
Adult?			Yes	
	Yes			
Juvenile ?	Yes		Yes	DI (0.47) 407 0455 4.45
Name & Main C	Office Address:	Melissa Pannell 27255 N. Fairfield Road Mundelein, IL 60060		Phone: (847) 487-9455 x145 Fax: (847) 487-9360
Services Provid	led:	,,		Email: mpannell@abtc-centers.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LPC, ABEL Certified
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C		Lauren Parks 27255 N. Fairfield Road Mundelein, IL 60060		Phone: (847) 487-9455 x146 Fax: (847) 487-9360 Email: lparks@abtc-centers.org
Services Provid		Describes Mastatha fallouis a suglifications.		Language(s): English
Evaluations?	Yes	Provider Meets the following qualifications:	V	Licenses: None
Treatment ?	Yes	' '	Yes	Liberious. None
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C Services Provid		Kevin J. Robson 27255 N. Fairfield Road Mundelein, IL 60060		Phone: (847) 487-9455 x165 Fax: (847) 487-9037 Email: krobson@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	• ,	Yes	Licenses: First Aid, CPR Part I, Surrogate PatientTraine
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes		Yes	
Name & Main C		Eva San Pedro		Phone: (847) 487-9455
Tanic a mani c		715 Lake Street		Fax: (708) 386-8145
		Oak Park, IL 60301		Email: esanpedro@abtc-centers.org
Services Provid				
Evaluations?	No	Provider Meets the following qualifications:		
Treatment ?	Yes	·	Yes	Licenses: None
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	





Henry

Name & Main O	ffice Address:	Carolyn Seaman 27255 N. Fairfield Road Mundelein, IL 60060		Phone: (847) 487-9455 x135 Fax: (847) 487-9360
Services Provide	ed:	Wallacielli, 12 00000		Email: cseaman@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications	:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main O	ffice Address:	Natalie Seel		Phone: (847) 487-9455
		27255 N. Fairfield Road		Fax: (847) 487-9360
Services Provide	ed.	Mundelein, IL 60060		Email: nseel@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: LSW
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main O		Edgar F. Sherk	100	Phone: (847) 487-9455
amo a mam o	50 / (001000).	27255 N. Fairfield Road		Fax: (847) 487-9360
On the second	1-	Mundelein, IL 60060		Email: esherk@abtc-centers.org
Services Provide		Desides Master tha fallend 199 19	_	Language(s): English
Evaluations?	No	Provider Meets the following qualifications		Licenses: IL LCSW #149-002963
Treatment ?	Yes	All treatment provider qualifications?	Yes	Elsonos. 12 20011 // 170 002000
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	DI (0.17) 407 0.177
Name & Main O	ffice Address:	Susan Urban 27255 N. Fairfield Road		Phone: (847) 487-9455
		Mundelein, IL 60060		Fax: (847) 487-9037
Services Provide	ed:	,,		Email: surban@abtc-centers.org
Evaluations?	Yes	Provider Meets the following qualifications	:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW #149-011169
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main O	ffice Address:	Keef Weinstein		Phone: (847) 487-9455
		27255 N. Fairfield Road Mundelein, IL 60060		Fax: (847) 487-9360
Services Provide	ed:	Widildelelli, IL 00000		Email: kweinstein@abtc-centers.org
Evaluations?	Yes	Provider Meets the following qualifications	:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LPC
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main O	ffice Address:	Karen Wolownik, MSW		Phone: (847) 487-9455
		27255 N. Fairfield Road		Fax: (847) 487-9360
Services Provide	ad:	Mundelein, IL 60060		Email: kwolownik@abtc-centers.org
Services Provide Evaluations ?	Yes	Provider Meets the following qualifications		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL-LCSW #149-010954, CSW (Michigan),
Adult?	Yes	All evaluation provider qualifications?	Yes	Certified Adolescent Sexual Offender Prof
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
			1 53	
Caparulo	and Asso	ciates		
Name & Main O	ffice Address:	Richard Johnson, MS.Ed., DABFE 1622 38th Street, Suite 108		Phone: (309) 788-6030 Fax: (309) 793-5130
Services Provide	ed:	Rock Island, IL 61201		Email: rjohnson@qconline.com
Evaluations?	Yes	Provider Meets the following qualifications	:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: Board Certified Forensic Examiner, DABFI
Adult ?	No	All evaluation provider qualifications?	Yes	#13317





Henry

Illinois Youth Center (IYC) - Kewanee

Name & Main C	Office Address:	David Allred (IDOC) 2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443		Phone: Fax:	` '	852-3651 852-3515
Services Provid	led:	*		Email:		
Evaluations?	Yes	Provider Meets the following qualifications:	:	Language((s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LCPC #180-001084
Adult?	Yes	All evaluation provider qualifications?	No			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C	Office Address:	Stacey Andrews 2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443		Phone: Fax:		852-3651 852-3515
Services Provid	led:			Email:		
Evaluations?	Yes	Provider Meets the following qualifications:		Language((S):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LCSW
Adult?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C	Office Address:	Victor A. Kersey 2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443		Phone: Fax:		852-3651 852-3515
Services Provid	ded:	Newallee, IL 01443		Email:		
Evaluations?	Yes	Provider Meets the following qualifications:	:	Language((s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		None
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C	Office Address:	Katrina Maddox 2021 Kentville Road, P.O. Box 518		Phone: Fax:		852-3651 852-3515
Services Provid	led:	Kewanee, IL 61443		Email:	psych	ngirl75@sbcglobal.net
Evaluations?	Yes	Provider Meets the following qualifications:	:	Language((s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LPC #178-004175; NCC-National Certified
Adult ?	Yes	All evaluation provider qualifications?	Yes			Counselor
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C		Robert E. Olt 2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443		Phone: Fax: Email:		852-3651 852-3515
Services Provid				Language('c)·	English
Evaluations?	Yes	Provider Meets the following qualifications:		Licenses:	,	NCC; LCPC
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licerises.		NGG, EGI G
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes		/×	
Name & Main C Services Provid		Lisa L. Potter 2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443		Phone: Fax: Email:	(309)	852-3651 852-3515 r9@aol.com
Evaluations?	Yes	Provider Meets the following qualifications:		Language((s):	English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:		MS, MHP
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C		Kenneth G. Queen	103	Phone:	(300)	852-3651
varie & Mair C	mice Address.	2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443		Fax:	. ,	852-3515
Services Provid				Email:	·0).	English
Evaluations?	Yes	Provider Meets the following qualifications:	•	Language(S):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		II LPC 178-004103
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			





Henry

Illinois Youth Center (IYC) - Kewanee

Name & Main Office Address:	Petrita Salazar	Phone:	(309) 852-3651
	2021 Kentville Road, P.O. Box 518	Fax:	(309) 852-3515
Services Provided:	Kewanee, IL 61443	Email:	

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: None Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Jeffrey P. L. Sim Phone: (309) 852-3651

2021 Kentville Road, P.O. Box 518 Fax: (309) 852-3515 Kewanee, IL 61443 Email:

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCP #071-007028 Treatment? Yes All treatment provider qualifications? No

Adult? Yes All evaluation provider qualifications? No Juvenile? All applicant attestation qualifications: Yes Yes

Lutheran Social Services of Illinois

Name & Main Office Address: Dee Ann Foss Phone: (309) 671-0300 x271 3000 W. Rohmann West Fax: (309) 671-0503

Peoria, IL 61604 Email: deeanne.foss-reimers@lssi.org Services Provided:

Yes

Yes

Language(s): English Evaluations? Provider Meets the following qualifications: Yes

IL LCPC Licenses: Treatment? Yes All treatment provider qualifications? Adult? Yes All evaluation provider qualifications? Yes

All applicant attestation qualifications: Name & Main Office Address: Yvonne Wojtalik Phone: (309) 671-0300 x245 3000 W. Rohmann West

Fax: (309) 671-0503 Peoria, IL 61604 Email: yvonne.wojtalik@lssi.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: IL LCPC Licenses:

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes Yes All evaluation provider qualifications?

All applicant attestation qualifications:

Psychology Associates

Yes

Yes

Juvenile?

Juvenile?

Name & Main Office Address: W. David McEchron Phone: (563) 355-2577 4455 E. 56th Street Fax: (563) 355-4015 Davenport, IA 52807

Email: mcechronw@genesishealth.com Services Provided:

English, Spanish Language(s): Evaluations? Yes Provider Meets the following qualifications:

IL LCP-#071-006817; CPQ #144 Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications:

Robert Young Center for Community Mental Health

Name & Main Office Address: Phone: (309) 779-2038 Lisa Curry 4600 3rd Street Fax: (309) 779-2167 Moline, IL 61265

Email: currylctrinityqc.com Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCSW-149-005922, LISW-lowa Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes





Henry

Robert Young Center for Community Mental Health

Name & Main Office Address: Scott Stange Phone: (309) 779-2031
4600 3rd Street Fax: (309) 779-2167
Moline, IL 61265

Services Provided: Email: stange@trinityqc.com

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW, LISW, Clinical Member ATSA Adult? Yes All evaluation provider qualifications? Yes

Yes

Southpark Psychology at Illini

Yes

Name & Main Office Address: James D. Ray Phone: (309) 792-6563

All applicant attestation qualifications:

1314 Tenth Street Fax: (309) 792-6430 Silvis, IL 61282

Services Provided: Email:

Evaluations? Yes Provider Meets the following qualifications: Language(s): English
Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Iroquois

Juvenile?

Nο

Juvenile?

Community Resource and Counseling Center

 Name & Main Office Address:
 Laurelyn Cropek
 Phone:
 (217) 379-4302

 P.O. Box 162
 Fax:
 (217) 379-4304

 Paxton, IL 60957
 Fax:
 (217) 379-4304

Services Provided: Email: crcc@illicom.net

Evaluations? No Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW-149-005667

Adult? Yes All evaluation provider qualifications? No Juvenile? No All applicant attestation qualifications: Yes

 Name & Main Office Address:
 Laurie A. Gilbert
 Phone:
 (217) 379-4302

 P.O. Box 162
 Fax:
 (217) 379-4304

Paxton, IL 60957

Services Provided:

Paxton, IL 60957

Email: lgilbert@4crcc.org

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW-149-010484

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

 Name & Main Office Address:
 Christine Mayer
 Phone:
 (217) 379-4302

 P.O. Box 162
 Fax:
 (217) 379-4304

Paxton, IL 60957

Services Provided:

Email: ccrc@illicom.net

Evaluations? No Provider Meets the following qualifications: Language(s): English

Treatment ? Yes All treatment provider qualifications? Yes Licenses: IL LCSW-149.009275

Adult ? Yes All evaluation provider qualifications? No

Yes

 Name & Main Office Address:
 Jeffrey C. Reynolds
 Phone:
 (217) 379-4302

 P.O. Box 162
 Fax:
 (217) 379-4304

All applicant attestation qualifications:

Paxton, IL 60957

Services Provided:

Paxton, IL 60957

Email: jreynolds@4crcc.org

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC #180-004199

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? No All applicant attestation qualifications: Yes





Iroquois

Juvenile?

Yes

Dr. James Simone and Associates, LLC

Name & Main Office Address: James Simone (815) 258-6685 Phone: 201 Park Place, Suite 2 (815) 468-5463 Fax: Bourbannais, IL 60914 Email: jimdoc21@hotmail.com

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCP #071-005467 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Indian Oaks Academy

Name & Main Office Address: Daphne Bogenscheider Phone: (815) 802-3700 101 Bramble (815) 468-2310 Fax: Manteno, IL 60950

Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: LCPC, EMDR Level I, CANS, CERAP Treatment? Yes All treatment provider qualifications? Yes

Adult? All evaluation provider qualifications? Yes No Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: (815) 802-3738 Michael Chavers Phone:

101 Bramble Fax: (815) 468-2310

Manteno, IL 60950 Email: Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes

Licenses: None Treatment? Yes All treatment provider qualifications?

Adult? No All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Thomas Duff Phone: (815) 802-3700 101 Bramble Fax: (815) 468-2310

Manteno, IL 60950 Email: dufft@nexus-ioa.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: Treatment? Yes All treatment provider qualifications? Yes Adult? Yes Nο All evaluation provider qualifications?

Juvenile? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Andrew Fisher Phone: (815) 802-3700

101 Bramble Fax: (815) 468-2310 Manteno, IL 60950

Fmail: fishera@nexus-ioa.org Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: IL LCPC Licenses: Treatment? No All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications?

Juvenile? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Sara E. Langevin, MA Phone: (815) 802-3700

101 Bramble Fax: (815) 468-2310 Manteno, IL 60950 Email: langevins@nexus-ioa.org

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? No All evaluation provider qualifications? Yes

All applicant attestation qualifications:

Name & Main Office Address: Amber Residori, LCSW Phone: (815) 802-3700 101 Bramble Fax: (815) 468-2310 Manteno, IL 60950

Email: residori@nexus-ioa.org Services Provided: Language(s): English, French Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCSW Treatment? Yes All treatment provider qualifications? Yes Adult? No All evaluation provider qualifications? Yes All applicant attestation qualifications: Yes Juvenile? Yes

Yes





Iroquois

Adult?

Juvenile?

Juvenile?

Juvenile?

Yes

Indian Oaks Academy

No

Yes

Yes

Name & Main Office Address: William K. Robison (815) 802-3713 Phone: 101 Bramble (815) 468-2310 Fax: Manteno, IL 60950

Email: robisonw@Nexus-IOA.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

All evaluation provider qualifications?

All applicant attestation qualifications:

Licenses: IL Clinical Psyology #071-006191; IL MFT 166-Treatment? Yes All treatment provider qualifications? Yes Yes

Yes

Yes

000144

Onarga Academy

Name & Main Office Address: Rebecca Cunningham Phone: (815) 268-4001 104 N. Locust (815) 268-7977 Fax:

Onarga, IL 60955 Email: rcunnin@nexus-ona.org

Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC #180-001150 Treatment? Yes All treatment provider qualifications? Yes

Adult? All evaluation provider qualifications? Yes No Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: William D. Featherstone (815) 268-4001 Phone:

104 N. Locust Fax: (815) 268-7977

Onarga, IL 60955 Email: bfeathe@nexus-ona.org Services Provided:

Language(s): English

Evaluations? Provider Meets the following qualifications: Yes Licenses: Treatment? Yes All treatment provider qualifications?

All applicant attestation qualifications:

Adult? No All evaluation provider qualifications? Yes

Name & Main Office Address: Douglas C. Gossett, M.A., LCPC Phone: (815) 268-4001

104 N. Locust Fax: (815) 268-7977 Onarga, IL 60955

Email: dgossset@nexus-ona.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC #180-005298 Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Nο All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Jamie Kozma Phone: (815) 268-4001

104 N. Locust Fax: (815) 268-7977 Onarga, IL 60955

Fmail: jkozma@nexus-ona.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: IL LCPC Licenses:

Treatment? Yes All treatment provider qualifications? Yes Adult? No Yes All evaluation provider qualifications?

Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Bill Mitchell Phone: (815) 268-4001 104 N. Locust Fax: (815) 268-7977

Onarga, IL 60955 Email: wmitche@nexus-ona.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: None Treatment? Yes All treatment provider qualifications? Yes

Adult? No All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

All applicant attestation qualifications:

Name & Main Office Address: Phone: (815) 268-4001 Karen Robertie 104 N. Locust Fax: (815) 268-7977

Onarga, IL 60955 Email: krobert@nexus-ona.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC 180-005314 Treatment? Yes All treatment provider qualifications? Yes Adult? No All evaluation provider qualifications? Yes

Yes



Yes

Yes

Email:



Iroquois

Juvenile?

Onarga Academy

Yes

Name & Main Office Address: (815) 268-4001 Michael D. Simpson Phone: 104 N. Locust Fax: (815) 268-7977 Onarga, IL 60955 msimpso@nexus-ona.org

Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC 180-005921 Treatment? Yes All treatment provider qualifications? Yes

Adult? No All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Tricia Renee St. Pierre Phone: (815) 268-4001

104 N. Locust Fax: (815) 268-7977

Onarga, IL 60955 Email: tstpier@nexus-ona.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: NCC Treatment? Yes All treatment provider qualifications? Yes

Adult? No All evaluation provider qualifications? Yes All applicant attestation qualifications:

Name & Main Office Address: Ryan Weidenbenner Phone: (815) 268-4001

104 N. Locust Fax: (815) 268-7977 Onarga, IL 60955

Email: rweiden@nexus-ong.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC Treatment? Yes All treatment provider qualifications? Yes

Adult? No All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes Yes

Name & Main Office Address: Timothy E. White Phone: (815) 268-4001 104 N. Locust Fax: (815) 268-7977 Onarga, IL 60955

Email: twhite@nexus-ona.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: None

Treatment? All treatment provider qualifications? Yes Adult? Nο All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications:

Jackson

First Judicial Circuit of Illinois-Probation & Court Services

Name & Main Office Address: Marlynn A. Frailey Phone: (618) 993-1840 201 W. Main Fax: (618) 993-1865 Marion, IL 62959

Email: mfrailey@firstcircuitprobation.com Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications:

Licenses: CAC; IAODAPCA #6771 Treatment? No All treatment provider qualifications? No

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Kosmicki, Ph.D., Frank X.

Yes

Name & Main Office Address: (618) 203-6730 Frank X. Kosmicki, Ph.D. Phone: 231 W. Main Street Fax: (618) 529-3171 Carbondale, IL 62901

Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCP #071-006668 Treatment? Nο All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes





Jackson

Linda Stover and Associates

Name & Main Office Address: Linda Stover, M.S.Ed, LCPC, CCJS, CSOTS (618) 322-2811 Phone: 417 E. Calumet

(618) 532-6805 Fax: Centralia, IL 62801 Email: Istover@netwitz.net

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC, Certified Criminal Justice Specialist, Treatment? Yes All treatment provider qualifications? Yes ATSA Member, Certified Sex Offender

Adult? Yes All evaluation provider qualifications? Yes **Treatment Specialist** Juvenile? Yes All applicant attestation qualifications: Yes

Michael E. Althoff, Ph.D.

Name & Main Office Address: Michael E. Althoff, Ph.D. Phone: (618) 549-3587

> 201 F. Main, Suite 3D Fax: (618) 549-2695 Carbondale, IL 62901 Email:

Services Provided:

mealthoff@aol.com Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCP, IL Clinical Member - ATSA Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? All evaluation provider qualifications? Yes Yes Juvenile? Yes All applicant attestation qualifications: Yes

<u>Jasper</u>

Effingham County Probation Office

Name & Main Office Address: Sandy Taylor, MS, LCPC Phone: (217) 347-7931

106 N. Third Street Fax: (217) 347-2001 Effingham, IL 62401-3456 Email:

sandy_taylor9@yahoo.com Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications:

IL LCPC #180-005527 Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: No Yes

Jasper County Health Department

Name & Main Office Address: Debra Reed, M.S., QMHP Phone: (618) 783-4154

106 E. Edwards Fax: (618) 783-2339 Newton, IL 62448

Email: dreed@jasperhealth.org Services Provided:

English Language(s): Evaluations? Yes Provider Meets the following qualifications:

Licenses: None Treatment? Yes Yes All treatment provider qualifications?

Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Nο Yes

Jefferson

Juvenile?

Juvenile?

Alternatives Counseling, Inc.

Yes

Name & Main Office Address: Donya Adkerson, MA Phone: (618) 288-8085 88 S. Main, Suite 2, P.O. Box 639

Fax: (618) 288-8959 Glen Carbon, IL 62034 Email: donya2@aol.com

Services Provided: English Language(s):

Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC-180-000271 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes

Name & Main Office Address: Bethany A. Munge, M.A., Q.M.H.P. Phone: (618) 288-8085 x202

88 S. Main, Suite 2, P.O. Box 639 Fax: (618) 288-8959 Glen Carbon, IL 62034

Email: Services Provided: Language(s): English

All applicant attestation qualifications:

All applicant attestation qualifications:

Provider Meets the following qualifications: Evaluations? Nο Licenses: None Treatment? Yes All treatment provider qualifications? Yes

Adult? No Yes All evaluation provider qualifications?

Yes

Yes





<u>Jefferson</u>

Gary Lemmon and Associates, Inc.

 Name & Main Office Address:
 Gary L. Lemmon
 Phone:
 (618) 378-3010

 904 E. Main
 Fax:
 (618) 378-2308

Norris City, IL 62869 Email: glemmon@shawneelink.net

Services Provided: Email: glemmon@s

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW-#149-00164, Clinical Member ATSA

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Jefferson County Comprehensive Services

Name & Main Office Address: Linda Stover, M.S.Ed, LCPC, CCJS, CSOTS Phone: (618) 322-2811

P.O. Box 428 Fax: (618) 532-6805

Mount Vernon, IL 62864

Services Provided:

Mount Vernon, IL 62864

Email: Istover@netwitz.net

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC, Certified Criminal Justice Specialist, ATSA Member, Certified Sex Offender

Adult? Yes All evaluation provider qualifications? Yes Treatment Specialist

Juvenile? Yes All applicant attestation qualifications: Yes

Linda Stover and Associates

Name & Main Office Address: Linda Stover, M.S.Ed, LCPC, CCJS, CSOTS Phone: (618) 322-2811

417 E. Calumet Fax: (618) 532-6805
Centralia, IL 62801 Email: lstover@netwitz.net

Services Provided: Email: Istover@netw

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC, Certified Criminal Justice Specialist,

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC, Certified Criminal Justice Specialist, Adult? Yes All evaluation provider qualifications? Yes TSA Member, Certified Sex Offender

Adult? Yes All evaluation provider qualifications? Yes Treatment Specialist

Juvenile? Yes All applicant attestation qualifications: Yes

Stanislaus, MD, Angeline

Name & Main Office Address: Angeline Stanislaus, M.D. Phone: (618) 791-1777

621 S. New Ballas Road, Suite 268A Fax: St. Louis, MO 63141

Services Provided: Email:

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL Medical License #036-102686 ; Certification in Forensic Psychiatry

Yes

Yes

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? No All applicant attestation qualifications: Yes

Jersey

Juvenile?

Juvenile?

Alternatives Counseling, Inc.

Yes

Yes

 Name & Main Office Address:
 Donya Adkerson, MA
 Phone:
 (618) 288-8085

 88 S. Main, Suite 2, P.O. Box 639
 Fax:
 (618) 288-8959

Glen Carbon, IL 62034
Services Provided:

Glen Carbon, IL 62034
Email: donya2@aol.com

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC-180-000271

Adult ? Yes All evaluation provider qualifications? Yes

Name & Main Office Address: Bethany A. Munge, M.A., Q.M.H.P. Phone: (618) 288-8085 x202

88 S. Main, Suite 2, P.O. Box 639 Fax: (618) 288-8959

Glen Carbon, IL 62034
Services Provided: Email:

All applicant attestation qualifications:

All applicant attestation qualifications:

Evaluations? No Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: None

Treatment ? Yes All treatment provider qualifications? Yes Licenses: None

Adult ? Yes All evaluation provider qualifications? No





JoDaviess

Family Services Agency of DeKalb County, Inc.

Name & Main Office Address: Kathleen M. Alberts, MSW, LCPC Phone: 14 Health Services Drive Fax:

DeKalb, IL 60115

Services Provided:

Evaluations? Yes Provider Meets the following qualifications: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes Yes (815) 758-8618 (815) 758-7569

Email:

Language(s): English

IL LCPC #180-004462; Certified Sex Offender Licenses:

Tx Specialist

Family, Divorce & Mediation of Ogle County

Name & Main Office Address: Kathleen M. Alberts, MSW, LCPC Phone: (815) 562-8818 1500 West Lincoln Avenue Fax:

Rochelle, IL 61068

Services Provided:

Evaluations? Yes Provider Meets the following qualifications: Treatment? Yes All treatment provider qualifications? Yes Adult? Yes Yes

All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes (815) 562-8818

Email: Language(s): English

IL LCPC #180-004462; Certified Sex Offender Licenses:

Tx Specialist

Jeffrey B. Sundberg

Services Provided:

Services Provided:

Services Provided:

Name & Main Office Address: (815) 332-8342 Jeffrey B. Sundberg Phone

P. O. Box 17044, 610 A East State Street Fax: (815) 332-8342

Rockford, IL 61110 Email:

Evaluations? Yes Provider Meets the following qualifications:

Treatment? Yes All treatment provider qualifications? Yes Adult ? Yes Yes

All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes

Language(s): English

Licenses: IL LCSW #149-003876, ACSW, ATSA Member

Welch, Psy.D., William H.

Name & Main Office Address: William H. Welch. Psv.D. Phone: (815) 316-7604

810 E. State Street, Suite 304 Fax: (815) 316-7614 Rockford, IL 61104

Fmail: neuropsyd@gmail.com

Language(s): English

Evaluations? Provider Meets the following qualifications: Yes Licenses: Yes

Treatment? All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

Yes Juvenile? All applicant attestation qualifications: Yes IL LCP, ATSA Clinical Member, IL ATSA,

CSOTS

Winston J. Hopkins

Name & Main Office Address: Phone: (608) 221-2586 Winston J. Hopkins

404 Midland Lane Fay: Monona, WI 53716

Fmail: winstonkarelyn@charter.net

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: WI LPC 2503-125; Lic. Advanced Practice Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Social Worker

Johnson

First Judicial Circuit of Illinois-Probation & Court Services

Name & Main Office Address: Marlynn A. Frailey Phone: (618) 993-1840

201 W. Main Fax: (618) 993-1865 Marion, IL 62959 mfrailey@firstcircuitprobation.com Email:

Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Licenses: CAC; IAODAPCA #6771 Treatment? No All treatment provider qualifications? No

Adult? Yes Yes All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes





Johnson

Gary Lemmon and Associates, Inc.

 Name & Main Office Address:
 Gary L. Lemmon
 Phone:
 (618) 378-3010

 904 E. Main
 Fax:
 (618) 378-2308

Norris City, IL 62869 Email: glemmon@shawneelink.net

17 yrs experience

Services Provided: Email: glemmon@sl

Evaluations 2 Yes Provider Meets the following qualifications: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW-#149-00164, Clinical Member ATSA

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Massac County Mental Health

Name & Main Office Address: Patricia Gillespie Phone: (618) 524-9368 206 W. 5th Street Fax: (618) 524-9551

206 W. 5th Street Fax: (618) 524-9551 Metropolis, IL 62960 Email:

Services Provided:

Evaluations? No Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: Sexual Abuse Treatment Counselor, BS, MHP,

Treatment? Yes All treatment provider qualifications? Yes
Adult? Yes All evaluation provider qualifications? No

Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Yvonne J. Rath Phone: (618) 524-9368 206 W. 5th Street Fav: (618) 524-9368

206 W. 5th Street Fax: (618) 524-9551 Metropolis, IL 62960 Email: mcmh@hcis.net

Services Provided: Email: mcmh@hcis.

Evaluations? No Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC, NCC, MAC, CCJS, PCGC, CARF,

Adult? No All evaluation provider qualifications? Yes Medicaid, Child Welfare, Substance Abuse -

Adult ? No All evaluation provider qualifications? Yes Agency, Individual Juvenile ? Yes All applicant attestation qualifications: Yes

Michael E. Althoff, Ph.D.

Name & Main Office Address: Michael E. Althoff, Ph.D. Phone: (618) 549-3587 201 E. Main, Suite 3D Fax: (618) 549-2695

201 E. Main, Suite 3D Fax: (618) 549-2695
Carbondale, IL 62901 Email: mealthoff@aol.com

Services Provided: Email: mealthoff@aol
Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment ? Yes All treatment provider qualifications? Yes Licenses: IL LCP, IL Clinical Member - ATSA

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Kane

Juvenile?

Affiliated Psychologists, LTD

Yes

Name & Main Office Address: Patrick Hoatlin, LCSW Phone: (773) 286-3100

4801 W. Peterson Avenue, Suite 525 Fax: (773) 777-7543 Chicago, IL 60646

Services Provided: Email:

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment ? Yes All treatment provider qualifications? Yes Licenses: IL LCSW #149-011120

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? No All applicant attestation qualifications: Yes

Name & Main Office Address: Barry M. Leavitt, Psy.D. Phone: (773) 286-3100

4801 W. Peterson Avenue, Suite 525
Chicago, IL 60646
Email: ckopeny@ap-ltd.com

Services Provided: Email: ckopeny@ap-Evaluations? Yes Provider Meets the following qualifications: Language(s): English

All applicant attestation qualifications:

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCP, Hare Psychopathy Checklist (PCL-R)

Yes

Adult ? Yes All evaluation provider qualifications? Yes Certification

Generated: 2006 June 23 Page 84 of 204 rpt_somb_ap_by_county





Kane

Affiliated Psychologists, LTD

Affiliated	' Psycholo	gists, LTD			
Name & Main C	ffice Address:	Ray Quackenbush 4801 W. Peterson Avenue, Suite 525 Chicago, IL 60646		Phone: Fax:	(773) 286-3100 (773) 777-7543
Services Provid	led:	Chicago, in 00040		Email:	quaq@earthlink.net
Evaluations?	Yes	Provider Meets the following qualifications	:	Language	(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:	IL Psychology License #091-006293, Clinical
Adult ?	Yes	All evaluation provider qualifications?	Yes		Member ATSA
Juvenile ?	Yes	All applicant attestation qualifications:	Yes		
Name & Main C	ffice Address:	Phil Reidda, Ph.D.		Phone:	(773) 286-3100
		4801 W. Peterson Avenue, Suite 525		Fax:	(773) 777-7543
Services Provid	'ed:	Chicago, IL 60646		Email:	ckopeny@ap-ltd.com
Evaluations?	Yes	Provider Meets the following qualifications	:	Language	(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:	IL LCP, Hare Psychopathy Checklist (PCL-R)
Adult ?	Yes	All evaluation provider qualifications?	Yes		Certification, Diplomat American Board
Juvenile ?	Yes	All applicant attestation qualifications:	Yes		Professional Psychologists
Name & Main C		Laura T. Schultz, Psy.D.		Phone:	(773) 286-3100
		4801 W. Peterson Avenue, Suite 525		Fax:	(773) 777-7543
Camilana Buayin	l= =1-	Chicago, IL 60646		Email:	(1.6) 1.11 16.16
Services Provid		Drovider Mosts the following qualifications	_	Language	(s): English
Evaluations?	Yes	Provider Meets the following qualifications		Licenses:	IL LCP
Treatment ?	Yes	All treatment provider qualifications?	Yes		
Adult ?	Yes	All evaluation provider qualifications?	Yes		
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	Dhana	(70E) 704 7000
Name & Main C	mice Address:	Pamela C. Van Wyk 4801 W. Peterson Avenue, Suite 525		Phone:	(765) 721-7863
		Chicago, IL 60646		Fax:	(773) 777-7543
Services Provid	led:			Email:	pcvw811@illicom.net
Evaluations?	Yes	Provider Meets the following qualifications	:	Language	
Treatment ?	No	All treatment provider qualifications?	Yes	Licenses:	IL-LCPC, IN-LMHC, AL-LMFT, ATSA Clinical Member
Adult ?	No	All evaluation provider qualifications?	Yes		Wellber
Juvenile ?	No	All applicant attestation qualifications:	Yes		
Allied Col	unseling				
Name & Main C	office Address:	Gerard J. Girdaukas, Ph.D. 49 Sherwood Terrace Lake Bluff, IL 60044		Phone: Fax:	(847) 615-1425 (847) 615-1409
Services Provid	ed:			Email:	
Evaluations?	Yes	Provider Meets the following qualifications	:	Language	. ,
Treatment ?	No	All treatment provider qualifications?	No	Licenses:	IL LCP , Ph.D.
Adult ?	Yes	All evaluation provider qualifications?	Yes		
Juvenile ?	Yes	All applicant attestation qualifications:	Yes		
Alternati	ve Behavi	ior Treatment Centers (AB)	TC)		
Name & Main C		Michael Albert		Phone:	(847) 487-9455
		27255 N. Fairfield Road		Fax:	(847) 487-9360
Comitone Brazilia	l= =1-	Mundelein, IL 60060		Email:	malbert@abtc-centers
Services Provid		Duranidas Marata tha fallaccina accalifications	_	Language	
Evaluations?	Yes	Provider Meets the following qualifications		Licenses:	IL LPC
Treatment ?	Yes	All treatment provider qualifications?	Yes	2.001.000.	
Adult ?	No	All evaluation provider qualifications?	Yes		
Juvenile ?	Yes	All applicant attestation qualifications:	Yes		(0.47) 507 7005
Name & Main C	office Address:	Jenny Anderson 27255 N. Fairfield Road Mundelein, IL 60060		Phone: Fax:	(847) 587-7905 (847) 487-9360
Services Provid	led:			Email:	janderson@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications	:	Language	
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:	IL LSW
		All and bearing the annual data and an all the annual and an annual an annual and an annual an ann	NIa		
Adult ?	Yes	All evaluation provider qualifications?	No		





Kane

Nama 9 Main C	Office Address.	Ionifor Drinkman	/	Dhono: (047) 407 0455
Name & Main C	office Address:	Jenifer Brickman 27255 N. Fairfield Road		Phone: (847) 487-9455 Fax: (847) 487-9360
Orași de la Brancia	de d	Mundelein, IL 60060		Email: jbrickman@abtc-centers.org
Services Provid				Language(s): English
Evaluations?	Yes	Provider Meets the following qualifications		Licenses: IL LCSW-149-010065
Treatment?	Yes	All treatment provider qualifications?	Yes	E10011000. 12 200W 140 010000
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	DI (0.47) 407 0.455 000
Name & Main C	Office Address:	Arturo Gudino, Jr. 715 Lake Street		Phone: (847) 487-9455 x226
		Oak Park, IL 60301		Fax: (708) 386-8145
Services Provid	ded:			Email: agudino@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications	:	Language(s): English , Spanish
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC#180-004330
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Michael Igaravidez, Psy.D.		Phone: (847) 487-9455
		715 Lake Street Oak Park, IL 60301		Fax: (708) 386-8145
Services Provid	ded:	Can I ain, IL 0000 I		Email: migaravidez@abtc-centers.org
Evaluations?	Yes	Provider Meets the following qualifications	:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCP #071-006172
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Theresa Jackson		Phone: (847) 487-9455
		715 Lake Street		Fax: (708) 848-6176
Services Provid	dod:	Oak Park, IL 60301		Email: tjackson@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LSW-#150-006805
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C		Dawn Livorsi	103	Phone: (847) 487-9455
rianic a main c	omoc Address.	27255 N. Fairfield Road		Fax: (847) 487-9360
0 . 0 .		Mundelein, IL 60060		Email: dlivorsi@abtc-centers.org
Services Provid				Language(s): English
Evaluations?	Yes	Provider Meets the following qualifications		Licenses: None
Treatment?	Yes	All treatment provider qualifications?	Yes	LIOUTION. THOTA
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	DI (0.17) 107 0.155
Name & Main C	Office Address:	Deborah May 27255 N. Fairfield Road		Phone: (847) 487-9455
		Mundelein, IL 60060		Fax: (847) 487-9360
Services Provid	ded:			Email: dmay@abtc-centers.org
Evaluations?	Yes	Provider Meets the following qualifications	:	Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Robin McGinnis, MSW		Phone: (847) 487-9455
		27255 N. Fairfield Road Mundelein, IL 60060		Fax: (847) 487-9360
Services Provid	ded:	Managigiii, IL 00000		Email: rmcginnis@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications	:	Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	No	All evaluation provider qualifications?	No	
/ taut :				





Kane

Name & Main C	Office Address:	Becky Palmer 715 Lake Street Oak Park, IL 60301		Phone: (708) 386-8145 x23 Fax: (708) 848-6176
Services Provid	led:	Oak Park, IL 60301		Email: bpalmer802@aol.com
Evaluations?	Yes	Provider Meets the following qualifications	:	Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Melissa Pannell		Phone: (847) 487-9455 x145
		27255 N. Fairfield Road		Fax: (847) 487-9360
Services Provid	lad:	Mundelein, IL 60060		Email: mpannell@abtc-centers.org
Evaluations?		Dravider Meete the following qualifications	_	Language(s): English
	Yes	Provider Meets the following qualifications All treatment provider qualifications?		Licenses: IL LPC, ABEL Certified
Treatment ?	Yes		Yes	.,
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	Db (0.47) 407 0.455 4.40
Name & Main C	mice Address:	Lauren Parks 27255 N. Fairfield Road		Phone: (847) 487-9455 x146
		Mundelein, IL 60060		Fax: (847) 487-9360
Services Provid	led:	,		Email: lparks@abtc-centers.org
Evaluations?	Yes	Provider Meets the following qualifications	:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Kevin J. Robson		Phone: (847) 487-9455 x165
		27255 N. Fairfield Road		Fax: (847) 487-9037
Services Provid	led:	Mundelein, IL 60060		Email: krobson@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: First Aid, CPR Part I, Surrogate PatientTrainer
Adult ?	No	All evaluation provider qualifications?	No	, , , ,
Juvenile ?	Yes	·	Yes	
Name & Main C		All applicant attestation qualifications: Eva San Pedro	162	Phone: (847) 487-9455
Name & Main C	mice Address.	715 Lake Street		
		Oak Park, IL 60301		Fax: (708) 386-8145
Services Provid	led:			Email: esanpedro@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications	:	Language(s): English , Spanish
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Carolyn Seaman		Phone: (847) 487-9455 x135
		27255 N. Fairfield Road		Fax: (847) 487-9360
Services Provid	led:	Mundelein, IL 60060		Email: cseaman@abtc-centers.org
Evaluations ?	No	Provider Meets the following qualifications		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C		Natalie Seel	103	Phone: (847) 487-9455
Name & Main C	mice Address.	27255 N. Fairfield Road		
		Mundelein, IL 60060		Fax: (847) 487-9360
Services Provid	led:			Email: nseel@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications	:	Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: LSW
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile?	Yes	All applicant attestation qualifications:	Yes	





Kane

Name & Main Office Address: Services Provided:		Edgar F. Sherk 27255 N. Fairfield Road Mundelein, IL 60060		Phone: Fax:	(847) 487-9455 (847) 487-9360	
		Wandelen, 12 0000		Email:	esherk@abtc-centers.org	
Evaluations?	No	Provider Meets the following qualifications		Language((s): English	
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:	IL LCSW #149-002963	
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C	Office Address:	Susan Urban 27255 N. Fairfield Road		Phone: Fax:	(847) 487-9455 (847) 487-9037	
Services Provid	led:	Mundelein, IL 60060		Email:	surban@abtc-centers.org	
Evaluations?	Yes	Provider Meets the following qualifications	-	Language((s): English	
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:	IL LCSW #149-011169	
Adult ?	No	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C		Keef Weinstein	163	Phone:	(847) 487-9455	
TVAITIE & WAITI C	ilice Addiess.	27255 N. Fairfield Road		Fax:	(847) 487-9455 (847) 487-9360	
		Mundelein, IL 60060		гах. Email:		
Services Provid					kweinstein@abtc-centers.org	
Evaluations?	Yes	Provider Meets the following qualifications		Language(, ,	
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:	IL LPC	
Adult ?	Yes	All evaluation provider qualifications?	No			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main O	Office Address:	Karen Wolownik, MSW		Phone:	(847) 487-9455	
		27255 N. Fairfield Road		Fax:	(847) 487-9360	
Services Provid	led:	Mundelein, IL 60060		Email:	kwolownik@abtc-centers.org	
Evaluations ?	Yes	Provider Meets the following qualifications	-	Language((s): English	
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:	IL-LCSW #149-010954, CSW (Michigan),	
Adult ?	Yes	All evaluation provider qualifications?	Yes		Certified Adolescent Sexual Offender Prof	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
		··				
•	-	ystem/Horizons				
Name & Main C	office Address:	Robert Meyer		Phone:	(815) 338-9199	
		527 W. South Street Woodstock, IL 60098		Fax:	(815) 338-9205	
Services Provid	led:				rmeyer3@charter.net	
Evaluations?	Yes	Provider Meets the following qualifications	:	Language(· ·	
Treatment ?	No	All treatment provider qualifications?	No	Licenses:	Ph.D., LCP, Fellow Academy of Forensic	
Adult ?	Yes	All evaluation provider qualifications?	Yes		Psychologist	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
	derman, l	I CSIV				
	-			DI:	(000) 000 0440	
Name & Main C	TTICE Address:	Chuck Lederman, LCSW 68 Main Street, P. O. Box 95		Phone:	(630) 269-3146	
		Oswego, IL 60543		Fax:	(630) 551-0988	
Services Provid	led:	3 ,		Email:	chuck60543@aol.com	
Evaluations?	Yes	Provider Meets the following qualifications	:	Language(, ,	
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:	IL LCSW	
Adult ?	Yes	All evaluation provider qualifications?	Yes			
	Yes	All applicant attestation qualifications:	Yes			





Kane

Community Counseling Center, Ltd.

Name & Main Office Address: Jeffrey A. Martin Phone: (815) 338-7749 666 Russell Court, Suite 105 Fax: (815) 338-7728 Woodstock, IL 60098 ccc@imaxx.net

Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: IL LCSW 149-003373 Licenses Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes Yes

Family, Divorce & Mediation of Ogle County

Name & Main Office Address: Kathleen M. Alberts, MSW, LCPC Phone: (815) 562-8818 1500 West Lincoln Avenue Fax: (815) 562-8818

Rochelle, IL 61068 Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC #180-004462; Certified Sex Offender Licenses: Treatment? Yes All treatment provider qualifications? Yes Tx Specialist

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Forensic Psych Associates, Ltd.

Name & Main Office Address: Robert H. Gordon, Ph.D. Phone (312) 917-1610

203 N. LaSalle Street, #2100 Fax: (608) 756-5174

Email:

Phone:

(312) 399-3140

rgordon@forensicpsych.com

Chicago, IL 60601 Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: IL LCP

Licenses: Treatment? Yes All treatment provider qualifications? Yes Yes Yes

Adult? All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes

Forensic Psychology Associates

Name & Main Office Address: Mark Brenzinger, PsvD Phone: (312) 740-9691 445 E. Ohio, Suite 450 Fax: (312) 527-9088

Chicago, IL 60611 ciba9@worldnet.att.net Fmail:

Services Provided: Evaluations? Yes

Name & Main Office Address:

Language(s): English Provider Meets the following qualifications: Licenses: None Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Eric Ostrov, J.D., Ph.D., ABPP (312) 740-9691 Phone:

445 E. Ohio, Suite 450 Fax: (312) 527-9088 Chicago, IL 60611 Email: eostrov@aol.com

Services Provided: Language(s): Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL Psy.D. 071-001951, IL Attorney #3128938 Treatment? Nο All treatment provider qualifications? Nο

Adult? Yes All evaluation provider qualifications? Yes

Susan Page, Psy.D.

Juvenile? All applicant attestation qualifications: Yes Yes

445 E. Ohio, Suite 450 Fax: (312) 527-9088 Chicago, IL 60611 Email: slpage27@aol.com

Services Provided: Language(s): English Evaluations? No Provider Meets the following qualifications:

Licenses: None Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? No Yes Juvenile? All applicant attestation qualifications: Yes





Kane

FTP - Administration

Name & Main Office Address: (847) 742-1040 x3360 Ray S. Kim, Ph.D. Phone: 750 S. State Street (847) 429-4946 Fax:

Elgin, IL 60123 Email: dhs5998@dhs.state.il.us

Services Provided: Language(s): English Yes Provider Meets the following qualifications:

Evaluations? Licenses: IL LCP-#071-005373 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Glenwood Testing Center

Name & Main Office Address: Frank E. Cushing, Psy.D. Phone: (815) 968-8133 2823 Glenwood Avenue Fax: (815) 968-4656 Rockford, IL 61101 Email: fec@juno.com

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCP #071-002590 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Kyle Cushing, Psy.D. Phone: (815) 968-5342 2823 Glenwood Avenue Fax: (815) 968-4656

Rockford, IL 61101 Email: drcushing@juno.com Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes

IL LCP, Consulting Forensic Examiner Licenses: Treatment? Yes All treatment provider qualifications?

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Kane County Diagnostic Center

Juvenile?

Juvenile?

Yes

Yes

Name & Main Office Address: Timothy Brown, Psy.D. Phone: (630) 262-4480 757 E. Fabyan Parkway Fax: (630) 262-4484 Batavia, IL 60510

Email: browntimothy@co.kane.il.us Services Provided:

Language(s): **English** Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCP #071-003827 Treatment? No No All treatment provider qualifications?

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Lesley Kane, Psy.D. Phone: (630) 262-4480 757 E. Fabyan Parkway Fax: (630) 262-4484

Batavia, IL 60510 Email: kanelesley@co.kane.il.us Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

All applicant attestation qualifications:

IL LCP-#071-006757 Licenses:

Treatment? All treatment provider qualifications? No No

Adult? Yes All evaluation provider qualifications? Yes

Yes

(630) 262-4480 Name & Main Office Address: Mark J. Kuzia, Psv.D. Phone: 757 E. Fabyan Parkway Fax: (630) 262-4484

Batavia, IL 60510 Fmail: mjkuzia@netzero.com Services Provided:

English Language(s): Evaluations? Yes Provider Meets the following qualifications:

Licenses: None Treatment? No All treatment provider qualifications? Nο Adult? Yes All evaluation provider qualifications? Yes

All applicant attestation qualifications:

Juvenile? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Amanda Rosenkoetter Phone: (630) 262-4480

757 E. Fabyan Parkway Fax: (630) 262-4484 Batavia, IL 60510

Email: ajrosenkoetter@comcast.net Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: IL LCP Licenses: Treatment? No Nο All treatment provider qualifications? Adult? Yes Yes All evaluation provider qualifications?

Yes



Email:

Email:

Language(s):

Licenses:

tsangalexandra@co.kane.il.us

kcameron@kidshopeunited.org

NCC #22818

English, Polish

IL LCP



Kane

Kane County Diagnostic Center

Name & Main Office Address: Alexandra Tsang, Psy.D. Phone: (630) 444-1081 757 E. Fabyan Parkway (630) 262-4484 Fax:

Batavia, IL 60510 Services Provided:

Evaluations? Yes Provider Meets the following qualifications: Treatment? No All treatment provider qualifications? No Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Kids Hope United

Name & Main Office Address: Kristan Cameron Phone: (847) 245-6570 215 N. Milwaukee Avenue (847) 245-6714 Fax:

Lake Villa, IL 60046

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC 180-002580 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes No All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Shenandoah Cardwell Phone: (847) 245-6544

215 N. Milwaukee Avenue Fax: (847) 245-6714

Lake Villa, IL 60046 Email: scardwell.LCPC@comcast.net Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes

IL LCPC #180-001256, WI LPC #2906-125, Licenses: Treatment? Yes All treatment provider qualifications?

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Denny Clouse, MSW, LCSW Phone: (847) 741-7140

1750 E. Main Street, Suite 40 Fax: (847) 741-2089 St. Charles, IL 60174

dclouse@kidshopeunited.org Email: Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCSW #149-005893, Clinical ATSA

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Thomas F. Hayes Phone: (630) 513-6277 x22

1750 East Main Street, Suite 40 Fax: (630) 513-4277

St. Charles, IL 60174 Fmail: thayes@kidshopeunited.org Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications:

IL LPC #178-003268 Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Nο Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Dennis Kvrouac Phone: (847) 741-7140 1750 E. Main Street, Suite 40 Fax:

(847) 741-2089 St. Charles, IL 60174 Fmail: dkyrouac@msn.com Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications: Licenses: IAODAPCA Counselor, CADC Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes No All evaluation provider qualifications?

Juvenile? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Phone: (847) 245-6547 Liza Simon-Roper 215 N. Milwaukee Avenue

Fax: (847) 245-6714 Lake Villa, IL 60046 Isroper@kidshopeunited.org Email:

Services Provided: Language(s): Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCSW, WI LCSW, ATSA Member Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes Yes





Kane

Latino Family Services, P.C.

Name & Main Office Address: Arturo Hurtado, LCSW, ACSW Phone: (847) 593-7077 825 E. Golf Road, Suite 1133 (847) 593-7056 Fax: Arlington Heights, IL 60005-5200

Email: Services Provided:

Language(s): English, Spanish Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCSW-#149-005124, ACSW, ATSA Clinical Treatment? Yes All treatment provider qualifications? Yes Member

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Laurie L. Riehm, LCSW

Name & Main Office Address: Laurie L. Riehm, LCSW Phone: (630) 587-5631

P.O. Box 1224 (630) 587-5631 Fax: St. Charles, IL 60174

Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCSW, American College of Forensic Licenses: Treatment? Yes All treatment provider qualifications? Yes **Examiners-Certified Clinical Criminal Justice** Adult?

mpritzen@mindspring.com

English

IL LCSW #149-005331

All evaluation provider qualifications? Yes No Specialist Juvenile? Yes All applicant attestation qualifications: Yes

Marcy Pritzen, LCSW

Name & Main Office Address: (847) 636-6364 Marcy Pritzen, LCSW Phone:

3295 N. Arlington Heights Rd, Suite 103 Fax: (847) 398-6595

Arlington Heights, IL 60004 Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult ? Yes Yes All evaluation provider qualifications? Juvenile? All applicant attestation qualifications: Yes Yes

Michael R. Davison

Name & Main Office Address: Phone: (847) 788-0645 Michael R. Davison

3295 N. Arlington Heights Road, Suite 103 Fax: (847) 398-6595 Arlington Heights, IL 60004 apsychdoc@aol.com Fmail:

Services Provided:

Language(s): Evaluations? Provider Meets the following qualifications: Yes Licenses: IL LCP #071005-382 Yes

Treatment? All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Nicholas F. O'Riordan, Ph.D.

Name & Main Office Address: #Error Phone: (815) 241-4575

Fay:

droriordan@sbcglobal.net Fmail: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCP #071-3652 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Yes

Juvenile? Yes All applicant attestation qualifications:

Nickerson and Associates

Name & Main Office Address: Jerry Lowell Phone: (630) 707-7380 P.O. Box 239 (also office in Chicago)

(630) 839-5068 Winfield, IL 60190 jlowellLCSW@msn.com

Services Provided: English

Language(s): Evaluations? Yes Provider Meets the following qualifications: IL LCSW #149-003408 Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes Yes

Fax:





Kane

Nickerson and Associates

Name & Main Office Address: Debra Nickerson, Psy.D. (630) 752-9725 Phone: P.O. Box 239 (also office in Chicago) (630) 752-9726 Fax: Winfield, IL 60190

Email: tnick@aol.com Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCP # 071-006020 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes Yes

Northwest Treatment Associates

Name & Main Office Address: Carol Fetzner Phone: (815) 337-1234 645 McHenry Avenue Fax: (815) 337-5653

Woodstock, IL 60098 Email:

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC #180-000371, NCC 27767 Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? All evaluation provider qualifications? Yes No Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Patrick C. Littlejohn, MA, NCC, LCPC Phone: (815) 337-1234

645 McHenry Avenue Fax: (847) 608-8570

Woodstock, IL 60098 Email: pclittlejohn@hotmail.com Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes

IL LCPC, National Certified Counselor, Clinical Licenses: Treatment? Yes All treatment provider qualifications? Member-ATSA

Adult? No All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Phone: (815) 337-1234 Bonnie E. Marable

645 McHenry Avenue Fax: (847) 608-8572

Woodstock, IL 60098 Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCP #071-006480; IN Psychologist Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Nο All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Cheryl R. Runion Phone: (847) 608-8570 1185 Dundee Avenue, E-1

Fax: (847) 608-8576 Elgin, IL 60120 Fmail: j.runion@comcast.net

Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: IL LCPC, CADC, CCJP, NCC Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications?

Juvenile? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Dr. Jim Webster, PsvD Phone: (815) 337-1234

1185 Dundee Avenue, E-1 Fax: (815) 337-5653 Elgin, IL 60120

Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: None Treatment? Yes All treatment provider qualifications? Yes

Adult? No Yes All evaluation provider qualifications? Juvenile? All applicant attestation qualifications: Yes

RITAS Ministry

Name & Main Office Address: Judith "Jude" C. Skallerup Phone: (630) 966-0252

325 E. Galena Fax: (630) 966-0005 Aurora, IL 60505 Fmail:

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC-180-004615, CSOTS Licenses: Treatment? Yes All treatment provider qualifications? Yes Adult? Yes Yes All evaluation provider qualifications?

All applicant attestation qualifications: Juvenile? Yes Yes





Kane

William "Kip" Hillman, Psy.D.

Name & Main Office Address: William "Kip" Hillman, Psy.D. (312) 933-0060 Phone: 4064 N. Lincoln, #290 (773) 989-0275 Fax:

Chicago, IL 60618 Email: kiphillman@yahoo.com

Email:

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL Psychology 071-003686 All treatment provider qualifications? Treatment? Yes Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Kankakee

Bohlen & Associates, SC

Name & Main Office Address: Joseph G. Bohlen, MD, Ph.D. Phone: (217) 546-3100 3001 Spring Mill Drive, Suite D

Fax: (217) 546-3284 Springfield, IL 62704

Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL Physicians & Surgeons Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? No Yes

Crossroads Counseling Center

Name & Main Office Address: Eric Cumming Phone: (815) 802-0479

197 W. Harrison Fax: Bourbannais, IL 60914

Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications:

Licenses: LPC #178-002019 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? No Juvenile? Yes All applicant attestation qualifications: Yes

Dr. James Simone and Associates, LLC

Name & Main Office Address: James Simone Phone: (815) 258-6685

201 Park Place, Suite 2 Fax: (815) 468-5463 Bourbannais, IL 60914

Email: jimdoc21@hotmail.com Services Provided:

Language(s): English Yes

Evaluations? Provider Meets the following qualifications: Licenses: IL LCP #071-005467

Treatment? Yes Yes All treatment provider qualifications?

Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes Yes

Indian Oaks Academy

Name & Main Office Address: Daphne Bogenscheider Phone: (815) 802-3700

101 Bramble Fax: (815) 468-2310 Manteno, IL 60950

Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: LCPC, EMDR Level I, CANS, CERAP Treatment? Yes All treatment provider qualifications? Yes

Adult? No All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Michael Chavers (815) 802-3738 Phone:

101 Bramble Fax: (815) 468-2310

Manteno, IL 60950 Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: None

Treatment? Yes All treatment provider qualifications? Yes Adult? No All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes Yes





Kankakee

Indian Oaks Academy

Name & Main Of	fice Address:	Thomas Duff 101 Bramble		Phone: Fax:	•) 802-3700) 468-2310
Services Provided:		Manteno, IL 60950		Email:		@nexus-ioa.org
Evaluations ?	Yes	Provider Meets the following qualifications		Language	e(s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		
Adult ?	No	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main Of		Andrew Fisher		Phone:	(815) 802-3700
		101 Bramble		Fax:	•) 468-2310
Camina Duarida	1-	Manteno, IL 60950		Email:	,	era@nexus-ioa.org
Services Provide		Duranidas Marata tha fallaccina accelifications		Language		English
Evaluations ?	Yes	Provider Meets the following qualifications		Licenses:	. ,	IL LCPC
Treatment ?	No	All treatment provider qualifications?	Yes			
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	Diverse	(045) 000 0700
Name & Main Of	TICE Address:	Sara E. Langevin, MA 101 Bramble		Phone:) 802-3700
		Manteno, IL 60950		Fax:	•) 468-2310
Services Provide	ed:	,		Email:	·	evins@nexus-ioa.org
Evaluations?	Yes	Provider Meets the following qualifications	:	Language	. ,	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		
Adult ?	No	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main Of	fice Address:	Amber Residori, LCSW		Phone:	(815) 802-3700
		101 Bramble		Fax:	(815) 468-2310
Services Provide	ed.	Manteno, IL 60950		Email:	resid	dori@nexus-ioa.org
Evaluations ? Yes		Provider Meets the following qualifications		Language	e(s):	English , French
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LCSW
Adult ?	No	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main Of		William K. Robison		Phone:	(815) 802-3713
		101 Bramble		Fax:) 468-2310
0	1	Manteno, IL 60950		Email:	•	sonw@Nexus-IOA.org
Services Provide				Language		English
Evaluations?	Yes	Provider Meets the following qualifications		Licenses:		IL Clinical Psyology #071-006191; IL MFT 166
Treatment?	Yes	All treatment provider qualifications?	Yes	LICCI ISCS.		000144
Adult ?	No	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
James Sin	none & A	ssociates-Kankakee SD#1	11			
Name & Main Of	fice Address:	Brian C. Malliett		Phone:	(815) 474-9550
		240 Warren Avenue		Fax:	`	,
Sarvigas Provide	ad:	Kankakee, IL 60901		Email:	bcm	alliett@comcast.net
Services Provide		Provider Meets the following qualifications		Language		English
Evaluations ? Treatment ?	Yes	Provider Meets the following qualifications		Licenses:	. ,	Adolescent Sex Offender Counselor;Type 73
	Yes	All treatment provider qualifications?	Yes			School Psychologist
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	Dhao	(045	\ 474.0550
Name & Main Of	Tice Address:	Brian C. Malliett 201 Park Place Bourbannais, IL 60914		Phone: Fax:	(815) 474-9550
Services Provide	ed:	200.20mmaio, 12 00017		Email:	bcm	alliett@comcast.net
Evaluations ?	Yes	Provider Meets the following qualifications	:	Language	e(s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		Adolescent Sex Offender Counselor;Type 73
Adult ?	Yes	All evaluation provider qualifications?	Yes			School Psychologist
			-			





Kankakee

Nicholas F. O'Riordan, Ph.D.

Name & Main C	Office Address:	#Error	Phone: ((815) 241-4575
			Fax:	
Services Provia	led:		Email: d	droriordan@sbcglobal.net
Evaluations ?	Yes	Provider Meets the following qualifications:	Language(s	s): English
Freatment?	Yes	All treatment provider qualifications? Ye	Licenses:	IL LCP #071-3652
Adult ?	Yes	All evaluation provider qualifications? Ye	5	
Juvenile ?	Yes	All applicant attestation qualifications: Ye	3	
Onarga A	cademy			
lame & Main C	-	Rebecca Cunningham	Phone: ((815) 268-4001
vanie a Main e	moo Address.	104 N. Locust Onarga, IL 60955	Fax: (815) 268-7977
Services Provid	led:	-		cunnin@nexus-ona.org
Evaluations?	Yes	Provider Meets the following qualifications:	Language(s	,
Treatment?	Yes	All treatment provider qualifications? Ye	Licenses:	IL LCPC #180-001150
Adult ?	No	All evaluation provider qualifications? Ye	3	
Juvenile ?	Yes	All applicant attestation qualifications: Ye		
Name & Main C	office Address:	William D. Featherstone		(815) 268-4001
		104 N. Locust Onarga, IL 60955		(815) 268-7977
Services Provia	led:			ofeathe@nexus-ona.org
Evaluations ?	Yes	Provider Meets the following qualifications:	Language(s	s): English
Γreatment ?	Yes	All treatment provider qualifications? Ye	Licenses:	
Adult ?	No	All evaluation provider qualifications? Ye	3	
Juvenile ?	Yes	All applicant attestation qualifications: Ye	3	
Name & Main C	Office Address:	Douglas C. Gossett, M.A., LCPC	Phone: (815) 268-4001
		104 N. Locust	Fax: ((815) 268-7977
Services Provid	led:	Onarga, IL 60955	Email: 0	dgossset@nexus-ona.org
Evaluations ?	Yes	Provider Meets the following qualifications:	Language(s	s): English
Freatment?	Yes	All treatment provider qualifications? Ye	Licenses:	IL LCPC #180-005298
Adult ?	No	All evaluation provider qualifications?		
Juvenile ?	Yes	All applicant attestation qualifications: Ye	6	
Name & Main C	Office Address:	Jamie Kozma	Phone: ((815) 268-4001
		104 N. Locust	Fax: ((815) 268-7977
Services Provia	led:	Onarga, IL 60955		kozma@nexus-ona.org
Evaluations?	Yes	Provider Meets the following qualifications:	Language(s	
Freatment?	Yes	All treatment provider qualifications? Ye	Liconocos	IL LCPC
Adult?	No	All evaluation provider qualifications?		
Juvenile ?	Yes	All applicant attestation qualifications: Ye		
Name & Main C		Bill Mitchell		815) 268-4001
Tarrio a Mairi C	moo raaroos.	104 N. Locust	,	(815) 268-7977
0	11	Onarga, IL 60955		wmitche@nexus-ona.org
Services Provid		Davidson Markey H. C. H.	Language(s	
Evaluations?	Yes	Provider Meets the following qualifications:	Liconocos	None
Freatment?	Yes	All treatment provider qualifications? Ye	•	110110
Adult ?	No	All evaluation provider qualifications? Ye		
Juvenile ?	Yes	All applicant attestation qualifications: Ye		2045) 000 4004
Name & Main C	mice Address:	Karen Robertie 104 N. Locust		(815) 268-4001
		Onarga, IL 60955		(815) 268-7977
Services Provid	led:	•		krobert@nexus-ona.org
Evaluations?	Yes	Provider Meets the following qualifications:	Language(s	
Treatment?	Yes	All treatment provider qualifications? Ye	s Licenses:	IL LCPC 180-005314
Adult ?	No	All evaluation provider qualifications? Ye	5	



Yes



Kankakee

Onarga Academy

Name & Main Office Address: (815) 268-4001 Michael D. Simpson Phone: 104 N. Locust (815) 268-7977 Fax: Onarga, IL 60955

msimpso@nexus-ona.org Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC 180-005921 Treatment? Yes All treatment provider qualifications? Yes

Adult? No All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Tricia Renee St. Pierre Phone: (815) 268-4001

104 N. Locust Fax: (815) 268-7977

Onarga, IL 60955 Email: tstpier@nexus-ona.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: NCC

Treatment? Yes All treatment provider qualifications? Yes Adult? No All evaluation provider qualifications? Yes

All applicant attestation qualifications: Juvenile? Yes Yes

Name & Main Office Address: Ryan Weidenbenner Phone: (815) 268-4001 104 N. Locust Fax:

(815) 268-7977 Onarga, IL 60955

Email: rweiden@nexus-ong.org Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC Treatment? Yes All treatment provider qualifications? Yes

Adult? No All evaluation provider qualifications? Yes All applicant attestation qualifications:

Name & Main Office Address: Timothy E. White Phone: (815) 268-4001 104 N. Locust

Fax: (815) 268-7977 Onarga, IL 60955 Email: twhite@nexus-ona.org

Services Provided: English Language(s):

Evaluations? Yes Provider Meets the following qualifications: Licenses: None

Treatment? Yes All treatment provider qualifications? Adult ? Nο All evaluation provider qualifications? Yes

Juvenile? All applicant attestation qualifications: Yes

William "Kip" Hillman, Psy.D.

Yes

Name & Main Office Address: William "Kip" Hillman, Psy.D. Phone: (312) 933-0060 4064 N. Lincoln, #290

Fax: (773) 989-0275 Chicago, IL 60618 Fmail: kiphillman@yahoo.com

Services Provided: Language(s): English Evaluations? Yes

Provider Meets the following qualifications: IL Psychology 071-003686 Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications?

Juvenile? Yes All applicant attestation qualifications: Yes

Kendall

Juvenile?

Juvenile?

Chuck Lederman, LCSW

Yes

Name & Main Office Address: Chuck Lederman, LCSW (630) 269-3146 Phone: 68 Main Street, P. O. Box 95 Fax: (630) 551-0988 Oswego, IL 60543

Email: chuck60543@aol.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCSW Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

All applicant attestation qualifications:

Yes





Kendall

Glenwood	d Testing	Center		
Name & Main Office Address:		Frank E. Cushing, Psy.D. 2823 Glenwood Avenue Rockford, IL 61101		Phone: (815) 968-8133 Fax: (815) 968-4656
Services Provid	led:			Email: fec@juno.com
Evaluations?	Yes	Provider Meets the following qualifications	s:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCP #071-002590
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C		Kyle Cushing, Psy.D. 2823 Glenwood Avenue Rockford, IL 61101		Phone: (815) 968-5342 Fax: (815) 968-4656 Email: drcushing@juno.com
Evaluations?	Yes	Provider Meets the following qualifications	i:	Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCP, Consulting Forensic Examiner
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
			100	
Kane County Diagr Name & Main Office Address:		Timothy Brown, Psy.D. 757 E. Fabyan Parkway		Phone: (630) 262-4480 Fax: (630) 262-4484
Services Provid	'ed:	Batavia, IL 60510		Email: browntimothy@co.kane.il.us
Evaluations?	Yes	Provider Meets the following qualifications	::	Language(s): English
Treatment ?	No	All treatment provider qualifications?	 No	Licenses: IL LCP #071-003827
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C		Lesley Kane, Psy.D.	103	Phone: (630) 262-4480
		757 E. Fabyan Parkway Batavia, IL 60510		Fax: (630) 262-4484
Services Provid	led:			
Evaluations?	Yes	Provider Meets the following qualifications	: :	Language(s): English
Treatment ?	No	All treatment provider qualifications?	No	Licenses: IL LCP-#071-006757
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	office Address:	Mark J. Kuzia, Psy.D. 757 E. Fabyan Parkway Batavia, IL 60510		Phone: (630) 262-4480 Fax: (630) 262-4484
Services Provid	led:			Email: mjkuzia@netzero.com
Evaluations?	Yes	Provider Meets the following qualifications	: :	Language(s): English
Treatment?	No	All treatment provider qualifications?	No	Licenses: None
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	office Address:	Amanda Rosenkoetter 757 E. Fabyan Parkway Batavia, IL 60510		Phone: (630) 262-4480 Fax: (630) 262-4484
Services Provid	led:			Email: ajrosenkoetter@comcast.net
Evaluations?	Yes	Provider Meets the following qualifications		Language(s): English
Treatment ?	No	All treatment provider qualifications?	No	Licenses: IL LCP
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main O		Alexandra Tsang, Psy.D. 757 E. Fabyan Parkway Batavia, IL 60510		Phone: (630) 444-1081 Fax: (630) 262-4484 Empil: teangelexandra@ea kana il us
Services Provid				Email: tsangalexandra@co.kane.il.us
Evaluations?	Yes	Provider Meets the following qualifications		Language(s): English , Polish
Treatment ?	No	All treatment provider qualifications?	No	Licenses: IL LCP
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	





Kendall

Kids Hope United

Kids Hope	e Unitea					
Name & Main Office Address:		Kristan Cameron 215 N. Milwaukee Avenue Lake Villa, IL 60046		Phone: Fax:	(847) 245- (847) 245-	6714
Services Provide	ed:			Email:		@kidshopeunited.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language	. ,	
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:	IL LC	CPC 180-002580
Adult ?	No	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main O	ffice Address:	Shenandoah Cardwell		Phone:	(847) 245-	6544
		215 N. Milwaukee Avenue Lake Villa, IL 60046		Fax:	(847) 245-	6714
Services Provide	ed:	Lake villa, iL 00040		Email:	scardwell.l	LCPC@comcast.net
Evaluations?	Yes	Provider Meets the following qualifications:		Language	s): Engl	lish
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		CPC #180-001256, WI LPC #2906-125
Adult ?	Yes	All evaluation provider qualifications?	Yes		NCC	C #22818
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main O	ffice Address:	Denny Clouse, MSW, LCSW		Phone:	(847) 741-	7140
		1750 E. Main Street, Suite 40		Fax:	(847) 741-	2089
Services Provide	ed.	St. Charles, IL 60174		Email:	dclouse@l	kidshopeunited.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language	s): Engl	lish
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:		CSW #149-005893, Clinical ATSA
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main O		Dennis Kyrouac	163	Phone:	(847) 741-	7140
Ivaine & Main O	mee Address.	1750 E. Main Street, Suite 40		Fax:	(847) 741-	
		St. Charles, IL 60174		Email:	dkyrouac@	
Services Provide		D 11 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1		Language	*	
Evaluations?	No	Provider Meets the following qualifications:		Licenses:	. ,	DAPCA Counselor, CADC
Treatment ?	Yes	All treatment provider qualifications?	Yes	210011000.	17101	27 ti O7 ti Ocumocion, O7 tibo
Adult ?	Yes	All evaluation provider qualifications?	No			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	DI	(0.47) 0.45	05.47
Name & Main O	ffice Address:	Liza Simon-Roper 215 N. Milwaukee Avenue		Phone:	(847) 245-	
		Lake Villa, IL 60046		Fax:	(847) 245-	
Services Provide	ed:			Email:	'	idshopeunited.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language		
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:	IL LC	CSW, WI LCSW, ATSA Member
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Nicholas I	F. O'Riord	lan, Ph.D.				
Name & Main O		#Error		Phone:	(815) 241-	4575
				Fax:	()	
Continue Dravid	od:			Email:	droriordan	@sbcglobal.net
Services Provide		Dravider Mosts the following availfingtions		Language		•
Evaluations?	Yes	Provider Meets the following qualifications:		Licenses:	, ,	CP #071-3652
Treatment ?	Yes	All treatment provider qualifications?	Yes			
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile?	Yes	All applicant attestation qualifications:	Yes			

RITAS Ministry

Yes

Juvenile?

Name & Main O	ffice Address:	Judith "Jude" C. Skallerup 325 E. Galena Aurora, IL 60505		Fax: (63	30) 966-0252 30) 966-0005
Services Provid	led:			Email:	
Evaluations?	Yes	Provider Meets the following qualification	ns:	Language(s):	•
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:	IL LCPC-180-004615, CSOTS
Adult?	Yes	All evaluation provider qualifications?	Yes		

All applicant attestation qualifications:

Yes



Juvenile?

Sex Offender Management Board Approved Provider List - By County



Knox

9th Judicial Circuit

Name & Main Office Address: Tye Adair Phone: (309) 837-2307

130 Lafayette, Suite 10 Fax: (309) 833-5570 Macomb, IL 61455

Services Provided: Email: tadair@9thjudicial.org

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment 2 Yes All treatment provider qualifications? Yes Licenses: None

Treatment? Yes All treatment provider qualifications? Yes Licenses: None Adult? No All evaluation provider qualifications? Yes

All applicant attestation qualifications:

Advanced Behavioral Health

Yes

Name & Main Office Address: W. Christopher Tolen, Psy.D. Phone: (309) 342-6852

2101 Windish Drive, Suite 100 Fax: (309) 344-0071 Galesburg, IL 61401

Yes

Services Provided: Email: drtolen@byu.net

Evaluations 2 Yes Provider Meets the following qualifications: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? No All treatment provider qualifications? No Licenses: IL LCP #071-006296

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Knox County Juvenile Detention Home - Court Services, 9th Judicia

 Name & Main Office Address:
 Stewart Nyi
 Phone:
 (309) 342-2481

 1319 E. 5th
 Fax:
 (309) 343-7922

Galesburg, IL 61401

Services Provided: Email: snyi@9thjudicial.org

Services Provided: Email: snyl@9tnjudicial.c

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC-180-001104

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC-180

Adult? No All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Lutheran Social Services of Illinois

Name & Main Office Address: Dee Ann Foss Phone: (309) 671-0300 x271

3000 W. Rohmann West Fax: (309) 671-0503 Peoria, IL 61604

Yes

Yes

Services Provided: Email: deeanne.foss-reimers@lssi.org

Evaluations ? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Yvonne Wojtalik Phone: (309) 671-0300 x245

3000 W. Rohmann West Fax: (309) 671-0503
Peoria, IL 61604

Services Provided: Email: yvonne.wojtalik@lssi.org

Services Provided: Services Provider Meets the following qualifications: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment 2 Yes All treatment provider qualifications? Yes Licenses: IL LCPC

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC
Adult? Yes All evaluation provider qualifications? Yes

All applicant attestation qualifications:

Midwest Counseling

Yes

No

Juvenile?

Juvenile?

Name & Main Office Address: Bryan Denure Phone: (309) 241-0885

15 S. Capitol, Suite 207 Fax: Pekin, IL 61554

Services Provided: Email:

valuations? No Provider Meets the following qualifications: Language(s): English

All applicant attestation qualifications:

Evaluations? No Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LPC #180-005002, CRADC

Adult ? Yes All evaluation provider qualifications? No





Knox

Midwest Counseling

Name & Main Office Address: Keir L. Goatley Phone: (217) 726-8744

917 Clocktower Dr. #420 Fax: Springfield, IL 62704

Email: kgoatley@ameritech.net Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC-#180-004321, (IDPR), CCBT, ATLSA, Treatment? Yes All treatment provider qualifications? Yes IL-ATSA

Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes Yes

Name & Main Office Address: Gil Pilapil Phone: (309) 241-0885

15 S. Capitol, Suite 207 Fax: Pekin, IL 61554

Email: Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications: Licenses: None Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? No Juvenile? No All applicant attestation qualifications: Yes

P. F. Dover Counseling, LLC

Name & Main Office Address: James R. Seavey Phone: (309) 495-4924

538 N. Cherry Street Fax: (309) 495-4993

Galesburg, IL 61401 Email: jspfdovercounseling@yahoo.com Services Provided:

Language(s): English

Evaluations? Provider Meets the following qualifications: Yes IL LCPC #180-001434 Licenses: Treatment? Yes All treatment provider qualifications?

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Scott A. Smith Phone: (309) 477-2278

538 N. Cherry Street Fax: (309) 477-3113 Galesburg, IL 61401

sspfdovercounseling@yahoo.com Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC Licenses: Treatment? Yes All treatment provider qualifications? Yes Adult? Yes Yes All evaluation provider qualifications?

Southpark Psychology at Illini

Yes

Name & Main Office Address: James D. Ray Phone: (309) 792-6563 1314 Tenth Street

Fax: (309) 792-6430 Silvis, IL 61282

Yes

Yes

Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications:

All applicant attestation qualifications:

19th Judicial Circuit Court

Yes

Juvenile?

Juvenile?

Lake

Name & Main Office Address: Karen L. Chantry, Psy.D. Phone: (847) 377-3681

15 S. County Street Fax: (847) 625-5109 Waukegan, IL 60085 Fmail: kchantry@co.lake.il.us

Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: IL LCP #071-5475, KS LP-0871, IN 20040979, Licenses: Treatment? No All treatment provider qualifications? Yes

MN LP-3705 Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes





Lake

Adelante, P.C.

Adelante,	, P.C.					
Name & Main C	Office Address:	Eileen Arzani 1608 N. Milwaukee, Suite 407 Chicago, IL 60647		Phone: Fax:	, ,	486-0031 486-1891
Services Provid	led:	ooage, 12 000 11		Email:		
Evaluations?	Yes	Provider Meets the following qualifications	3:	Language	` '	English , Spanish
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LCSW
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile?	No	All applicant attestation qualifications:	Yes			
Name & Main C	Office Address:	Evaristo Ruiz 1608 N. Milwaukee, Suite 407 Chicago, IL 60647		Phone: Fax:	` ,	486-0031 486-1891
Services Provid	led:			Email:		
Evaluations?	Yes	Provider Meets the following qualifications	3:	Language	` '	English , Italian , Spanish
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LCSW
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C		Karen Stanbary 1608 N. Milwaukee, Suite 407 Chicago, IL 60647		Phone: Fax: Email:	. ,	486-0031 486-1891
		Durani dan Marata tha fallannian annalifications		Language	e(s):	English , Spanish
Evaluations?	Yes	Provider Meets the following qualifications		Licenses:		IL LCSW
Treatment ?	Yes	All treatment provider qualifications?	Yes			
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Affiliated	' Psycholo	ngists, LTD				
Name & Main C		Patrick Hoatlin, LCSW 4801 W. Peterson Avenue, Suite 525 Chicago, IL 60646		Phone: Fax: Email:	` '	286-3100 777-7543
Evaluations ?	Yes	Provider Meets the following qualifications	ş·	Language	e(s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LCSW #149-011120
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	No	All applicant attestation qualifications:	Yes			
Name & Main C	Office Address:	Barry M. Leavitt, Psy.D. 4801 W. Peterson Avenue, Suite 525 Chicago, IL 60646		Phone: Fax: Email:	(773)	286-3100 777-7543 eny@ap-ltd.com
Services Provid						
Evaluations?	Yes	Provider Meets the following qualifications	3:	Language	` '	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LCP, Hare Psychopathy Checklist (PCL-R) Certification
Adult ?	Yes	All evaluation provider qualifications?	Yes			Commodition
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C	Office Address:	Ray Quackenbush 4801 W. Peterson Avenue, Suite 525 Chicago, IL 60646		Phone: Fax:		286-3100 777-7543
Services Provid	led:			Email:		@earthlink.net
Evaluations?	Yes	Provider Meets the following qualifications	S :	Language	e(s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL Psychology License #091-006293, Clinical
Adult ?	Yes	All evaluation provider qualifications?	Yes			Member ATSA
Juvenile?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C		Phil Reidda, Ph.D. 4801 W. Peterson Avenue, Suite 525 Chicago, IL 60646		Phone: Fax:	(773)	286-3100 777-7543
Services Provid	led:			Email:		eny@ap-ltd.com
Evaluations?	Yes	Provider Meets the following qualifications	3:	Language		English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LCP, Hare Psychopathy Checklist (PCL-R) Certification, Diplomat American Board
Adult ?	Yes	All evaluation provider qualifications?	Yes			Professional Psychologists
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			



Juvenile?

Yes

Sex Offender Management Board Approved Provider List - By County



<u>Lake</u>

Affiliated Psychology Name & Main Office Address:		Laura T. Schultz, Psy.D.		Phone: (773) 286-3100			
Name & Main Office Address:		4801 W. Peterson Avenue, Suite 525 Chicago, IL 60646		Fax: (773) 777-7543 Email:			
Services Provid							
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English Licenses: IL LCP			
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses. IL LCP			
Adult ?	Yes	All evaluation provider qualifications?	Yes				
Juvenile ?	Yes	All applicant attestation qualifications:	Yes				
Name & Main C	Office Address:	Pamela C. Van Wyk 4801 W. Peterson Avenue, Suite 525 Chicago, IL 60646		Phone: (765) 721-7863 Fax: (773) 777-7543			
Services Provid	led:	Chicago, in 00040		Email: pcvw811@illicom.net			
Evaluations ?	Yes	Provider Meets the following qualifications:		Language(s): English			
Treatment ?	No	All treatment provider qualifications?	Yes	Licenses: IL-LCPC, IN-LMHC, AL-LMFT, ATSA Clinica			
Adult ?	No	All evaluation provider qualifications?	Yes	Member			
Juvenile ?	No	All applicant attestation qualifications:	Yes				
Allied Col	unselina						
Name & Main O	U	Gerard J. Girdaukas, Ph.D.		Phone: (847) 615-1425			
. tarrio a mairi o	moo / taaress.	49 Sherwood Terrace		Fax: (847) 615-1409			
		Lake Bluff, IL 60044		Email:			
Services Provid				Language(s): English			
Evaluations ?	Yes	Provider Meets the following qualifications:		Licenses: IL LCP , Ph.D.			
Treatment ?	No	All treatment provider qualifications?	No	LICENSES. IL LOF, FII.D.			
Adult ?	Yes	All evaluation provider qualifications?	Yes				
Juvenile ?	Yes	All applicant attestation qualifications:	Yes				
Alternati	ve Behavi	ior Treatment Centers (AB)	TC)				
Name & Main O	Office Address:	Michael Albert		Phone: (847) 487-9455			
		27255 N. Fairfield Road		Fax: (847) 487-9360			
Services Provid	led:	Mundelein, IL 60060		Email: malbert@abtc-centers			
Evaluations ?	Yes	Provider Meets the following qualifications:	•	Language(s): English			
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LPC			
Adult ?	No	All evaluation provider qualifications?	Yes				
Juvenile ?	Yes	All applicant attestation qualifications:	Yes				
Name & Main O		Jenny Anderson	162	Phone: (847) 587-7905			
Name & Main C	mice Address.	27255 N. Fairfield Road					
		Mundelein, IL 60060		Fax: (847) 487-9360			
Services Provid	led:			Email: janderson@abtc-centers.org			
Evaluations?	No	Provider Meets the following qualifications:		Language(s): English			
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LSW			
Adult ?	Yes	All evaluation provider qualifications?	No				
Juvenile ?	Yes	All applicant attestation qualifications:	Yes				
Name & Main C	Office Address:	Jenifer Brickman		Phone: (847) 487-9455			
		27255 N. Fairfield Road		Fax: (847) 487-9360			
Services Provid	led:	Mundelein, IL 60060		Email: jbrickman@abtc-centers.org			
Evaluations ?	Yes	Provider Meets the following qualifications:		Language(s): English			
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW-149-010065			
Adult ?	Yes	All evaluation provider qualifications?	Yes				
Juvenile ?	Yes	All applicant attestation qualifications:	Yes				
		Arturo Gudino, Jr.	103	Phone: (847) 487-9455 x226			
Name & Main Office Address:		715 Lake Street					
		Oak Park, IL 60301		Fax: (708) 386-8145			
Services Provid	led:			Email: agudino@abtc-centers.org			
Evaluations?	No	Provider Meets the following qualifications:	-	Language(s): English , Spanish			
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC#180-004330			
Adult ?	Yes	All evaluation provider qualifications?	No				

Yes

All applicant attestation qualifications:





Lake

Name & Main C	ffice Address:	Michael Igaravidez, Psy.D. 715 Lake Street Oak Park, IL 60301		Phone: (847) 487-9455 Fax: (708) 386-8145
Services Provid	'ed:	Oak Park, IL 60301		Email: migaravidez@abtc-centers.org
Evaluations ?	Yes	Provider Meets the following qualifications:		Language(s): English
reatment?	Yes		es	Licenses: IL LCP #071-006172
dult?	Yes	·	es	
uvenile ?	Yes		es	
lame & Main C	ffice Address:	Theresa Jackson		Phone: (847) 487-9455
		715 Lake Street		Fax: (708) 848-6176
Services Provid	led:	Oak Park, IL 60301		Email: tjackson@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications:		Language(s): English
reatment ?	Yes	• •	es	Licenses: IL LSW-#150-006805
Adult?	Yes	· ·	No	
luvenile ?	Yes	·	es	
Name & Main C		All applicant attestation qualifications: Ye Dawn Livorsi	U3	Phone: (847) 487-9455
ianie a Main U	mice Address.	27255 N. Fairfield Road		,
		Mundelein, IL 60060		` ,
Services Provid	led:			Email: dlivorsi@abtc-centers.org
Evaluations ?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	'	es	Licenses: None
Adult ?	No	·	es	
Juvenile ?	Yes		es	
Name & Main O	ffice Address:	Deborah May		Phone: (847) 487-9455
		27255 N. Fairfield Road Mundelein, IL 60060		Fax: (847) 487-9360
Services Provid	led:	Mundeleni, ic 00000		Email: dmay@abtc-centers.org
Evaluations ? Yes		Provider Meets the following qualifications:		Language(s): English
Freatment?	Yes	• •	es	Licenses: IL LCSW
Adult ?	No		es	
Juvenile ?	Yes		es	
Name & Main O	ffice Address:	Robin McGinnis, MSW		Phone: (847) 487-9455
		27255 N. Fairfield Road		Fax: (847) 487-9360
Services Provid	led:	Mundelein, IL 60060		Email: rmcginnis@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications:		Language(s): English
Freatment?	Yes	• •	es	Licenses: None
Adult?	No		es No	
Juvenile ?	Yes		es	
Name & Main C		5 1 5 1		Phone: (708) 386-8145 x23
varile & Maill C	moe Address.	Becky Palmer 715 Lake Street		Fax: (708) 848-6176
		Oak Park, IL 60301		Email: bpalmer802@aol.com
Services Provid				
Evaluations ?	Yes	Provider Meets the following qualifications:		Language(s): English Licenses: None
reatment?	Yes	·	es	LICCIDOS. NOTIC
Adult ?	Yes	·	es	
uvenile?	Yes		es	
Name & Main Office Address:		Melissa Pannell		Phone: (847) 487-9455 x145
		27255 N. Fairfield Road Mundelein, IL 60060		Fax: (847) 487-9360
Services Provided:				Email: mpannell@abtc-centers.org
Evaluations ? Yes		Provider Meets the following qualifications:		Language(s): English
Freatment?	Yes	• •	es	Licenses: IL LPC, ABEL Certified
Adult ?	Yes		No	
Juvenile ?	Yes		es	





Lake

Name & Main Office Address: Services Provided:		Lauren Parks 27255 N. Fairfield Road Mundelein, IL 60060		Phone: (847) 487-9455 x146 Fax: (847) 487-9360
		Wandelen, IL 00000		Email: lparks@abtc-centers.org
Evaluations?	Yes	Provider Meets the following qualifications	s:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Kevin J. Robson		Phone: (847) 487-9455 x165
		27255 N. Fairfield Road		Fax: (847) 487-9037
Services Provid	led:	Mundelein, IL 60060		Email: krobson@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: First Aid, CPR Part I, Surrogate PatientTraine
Adult?				,,
	No Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	Dhamas (0.47) 407 0.455
Name & Main C	mice Address:	Eva San Pedro 715 Lake Street		Phone: (847) 487-9455
		Oak Park, IL 60301		Fax: (708) 386-8145
Services Provid	led:	,		Email: esanpedro@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications	s:	Language(s): English , Spanish
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Carolyn Seaman		Phone: (847) 487-9455 x135
		27255 N. Fairfield Road		Fax: (847) 487-9360
Comisson Dravis	lo di	Mundelein, IL 60060		Email: cseaman@abtc-centers.org
Services Provided:		Dravider Masta the following qualification		Language(s): English
Evaluations?	No	Provider Meets the following qualifications		Licenses: None
Treatment?	Yes	All treatment provider qualifications?	Yes	
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	DI (0.47) 407-0.455
Name & Main C	office Address:	Natalie Seel 27255 N. Fairfield Road		Phone: (847) 487-9455
		Mundelein, IL 60060		Fax: (847) 487-9360
Services Provid	led:	•		Email: nseel@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications	s:	Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: LSW
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Edgar F. Sherk		Phone: (847) 487-9455
		27255 N. Fairfield Road		Fax: (847) 487-9360
Services Provid	lad:	Mundelein, IL 60060		Email: esherk@abtc-centers.org
Evaluations?		Provider Moets the following qualification		Language(s): English
	No You	Provider Meets the following qualifications		Licenses: IL LCSW #149-002963
Treatment ?	Yes	All treatment provider qualifications?	Yes	
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	DI (0.17) 407 0.455
Name & Main Office Address:		Susan Urban 27255 N. Fairfield Road		Phone: (847) 487-9455
		Mundelein, IL 60060		Fax: (847) 487-9037
Services Provided:		,		Email: surban@abtc-centers.org
Evaluations?	Yes	Provider Meets the following qualifications	s:	Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW #149-011169
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	





Lake

Adult?

Juvenile?

Yes

Yes

Alternative Behavior Treatment Centers (ABTC)

Alternati	ve Behavi	ior Treatment Centers (ABTC	<i>C)</i>			
Name & Main C	Office Address:	Keef Weinstein 27255 N. Fairfield Road Mundelein, IL 60060		Phone: Fax:	` ,	487-9455 487-9360
Services Provid	led:	Wandelen, ie 00000		Email:	kwein	stein@abtc-centers.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language	(s):	English
Treatment?	Yes		'es	Licenses:		IL LPC
Adult ?	Yes	' '	No			
Juvenile ?	Yes	•	'es			
Name & Main C	Office Address:	Karen Wolownik, MSW 27255 N. Fairfield Road Mundelein, IL 60060		Phone: Fax: Email:	(847)	487-9455 487-9360 wnik@abtc-centers.org
Services Provid				Language		
Evaluations?	Yes	Provider Meets the following qualifications:			. ,	English
Treatment ?	Yes	All treatment provider qualifications?	'es	Licenses:		IL-LCSW #149-010954, CSW (Michigan), Certified Adolescent Sexual Offender Prof.
Adult ?	Yes	All evaluation provider qualifications?	'es			Continua Adolescent Octual Offender 1 101.
Juvenile ?	Yes	All applicant attestation qualifications: Y	'es			
Blain and	l Associat	es, P.C.				
Name & Main C		Daun Blain 135 N. Greenleaf, Suite 204 Gurnee, IL 60031		Phone: Fax: Email:	(847)	625-0980 x2 223-0887 _blain@yahoo.com
Evaluations ?	No	Provider Meets the following qualifications:		Language	(s):	English
Treatment ?	Yes	• •	'es	Licenses:		IL-LCPC-#180-000167
Adult ?	Yes		No			
Juvenile ?	Yes		'es			
			65	Dhonor	(0.47)	704 5000
Name & Main C		Gerald Blain P.O. Box 855 Grayslake, IL 60085		Phone: Fax: Email:	(847)	791-5928 223-0887 @core.com
Services Provid		5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Language		English
Evaluations?	Yes	Provider Meets the following qualifications:		Licenses:	(0).	IL LCPC-#180-002267, LSW
Treatment ?	Yes	' '	'es	LICCIISCS.		12 LOT O #100 002201, LOW
Adult ?	Yes	' '	'es			
Juvenile ?	Yes		'es			
Name & Main C		Adam Krieger P.O. Box 855 Grayslake, IL 60085		Phone: Fax: Email:	` ,	791-5928 223-0887
Services Provid		Day dalan Marata dan Kallandan ayar 16 andara		Language	(s)·	English
Evaluations?	Yes	Provider Meets the following qualifications:	,	Licenses:	. ,	IL LCSW
Treatment ?	Yes	·	es .	LICCIISCS.		IL LOOVV
Adult ?	Yes	·	No			
Juvenile ?	Yes	All applicant attestation qualifications: Y	'es			
Center fo	r Context	tual Change				
Name & Main C	Office Address:	Don R.J. Castaldi, Psy.D. 125 N. Marion Street, Suite 201 Oak Park, IL 60301		Phone: Fax:	(708)	524-1301 x2 524-1401
Services Provid	led:			Email:		@centerforcontextualchange.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language	(s):	English
Treatment ?	Yes	All treatment provider qualifications?	'es	Licenses:		Advanced Training in Abel Screen
Adult ?	Yes	· ·	'es			
Juvenile ?	Yes	•	'es			
Name & Main C	Office Address:	Don R.J. Castaldi, Psy.D. 9239 Gross Point Road, Suite 300 Skokie, IL 60077		Phone: Fax: Email:	(708)	524-1301 x2 524-1401
Services Provided:						@centerforcontextualchange.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language	. ,	English
Treatment ?	Yes	All treatment provider qualifications?	'es	Licenses:		Advanced Training in Abel Screen

Yes

Yes

All evaluation provider qualifications?

All applicant attestation qualifications:





Lake

Center for Contextual Change

Name & Main Office Address: Joseph J. Cortese 9239 Gross Point Road, Suite 300 Skolke, IL 60077 Fax: (847) 676-4447 x312 Fax: (847) 676-4450 Fax: (847) 676-4447 x312 Fax: (847) 676-4450 Fax: (847) 676-4450 Fax: (847) 67	Center for	r Context	ual Change		
Services Provided: Froiting Provider Meets the following qualifications: Language(s): English	Name & Main Of	ffice Address:	9239 Gross Point Road, Suite 300		
Treatment	Services Provided:		Skokie, IL 00077		Email: cortese1@comcast.net
Adult? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Perovided: Freatment? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Services Provided: Ves All very explications: Yes Name & Main Office Address: Ves All very explications: Yes Name & Main Office Address: Ves All very explications: Yes Name & Main Office Address: Ves All very explications: Yes Name & Main Office Address: Ves All very explications: Yes Name & Main Office Address: Ves All very explications: Yes Name & Main Office Address: Ves All very explications: Yes Name & Main Office Address: Ves All very explications: Yes Name & Main Office Address: Ves All very explications: Yes Name & Main Office Address: Ves All very explications: Yes Name & Main Office Address: Ves All very explications: Yes Name & Main Office Address: Ves All very explications attestation qualifications: Yes Name & Main Office Address: Ves All very explications attestation qualifications: Yes Name & Main Office Address: Ves All very explications attestation qualifications: Yes Name & Main Office Address: Ves All very explications attestation qualifications: Yes Name & Main Office Address: Ves All very explications attestation qualifications: Yes Name & Main Office Address: Ves All very explications attestation qualifications: Yes Name & Main Office Address: Ves All very explications attestation qualifications: Yes Name & Main Office Address: Ves All very explications attestation qualifications: Yes Name & Main Office Address: Ves All very explications attestation qualifications: Yes Name & Main Office Address: Ves All very explications attestation qualifications: Yes Name & Main Office Address: Ves All very explications attestation qualifications: Yes Name & Main Office Address: Ves All very explications attestation qualifications: Yes Name & Main Office Address: Ves All very explications attestation qualifications: Yes Name & Main Office Address: Ves All very explicat	Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Juvenile ? Yes All applicant attestation qualifications: Yes	Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW #149-000645
Name & Main Office Address: Services Provided: Evaluations? Yes All treatment provider qualifications: Ves All applicant attestation qualifications: Provided: Evaluations? Name & Main Office Address: Ves All teatment provider qualifications: Ves All teatment provider qualifications: Ves All applicant attestation qualifications: Ves All appl	Adult ?	Yes	All evaluation provider qualifications?	Yes	
Services Provided: Skokie, IL 60077	Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Evaluations? Yes Provider Meets the following qualifications: Language(s): English Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW #149-002016 Adult? Yes All evaluation provider qualifications? Yes Phone: (847) 674-4447 x300 Name & Main Office Address: Journal of Test, IL 60301 Fax: (847) 676-4450 676-4450 Services Provided: Provider Meets the following qualifications: Provider Meets the following qualifications: Fax: (847) 676-4450 Email: hope-cat@hotmail.com Evaluations? Yes All treatment provider qualifications? Yes Licenses: IL LCSW, Clinical Member of ATSA Adult? Yes All applicant attestation qualifications? Yes Fax: (847) 676-4450 Email: hope-cat@hotmail.com Evaluations? Yes All treatment provider qualifications? Yes Phone: (847) 676-4450 Email: hope-cat@hotmail.com Evaluations? Yes All applicant attestation qualifications? Yes Licenses: IL LCSW, Clinical Member of ATSA </td <td></td> <td></td> <td>9239 Gross Point Road, Suite 300</td> <td></td> <td>Fax: (847) 676-4450</td>			9239 Gross Point Road, Suite 300		Fax: (847) 676-4450
Treatment? Yes All treatment provider qualifications? Yes Juvenile? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes Provider Meets the following qualifications: Treatment? Yes All reatment provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications? Yes Juvenile? Yes All reatment provider qualifications: Yes Provider Meets the following qualifications: Yes Provider Meets the following qualifications: Yes Juvenile? Yes All evaluation provider qualifications: Yes Provider Meets the following qualifications: Yes Provider Meets the following qualifications: Yes Provider Meets the following qualifications: Yes Juvenile? Yes All evaluation provider qualifications: Yes All evaluation provider qualifications: Yes All evaluation provider qualifications: Yes Juvenile? Yes All evaluation provider qualifications: Yes All evaluation provider qualifications: Yes Juvenile? Yes All reatment provider qualifications: Yes Juvenile? Yes All evaluation provider qualifications: Yes All evaluation provider qualifications: Yes Juvenile? Yes All evaluation provider qualifications: Yes Yes All evaluation provider quali			Provider Meets the following qualifications:		Language(s): English
Adult ? Yes All evaluation provider qualifications? Yes Juvenile ? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Joel A. Falco, MA, LCSW 125 N. Marion Street, Suite 201 Oak Park, IL 60301 Phone: (847) 674-4447 x300 Services Provided: Fax: (847) 676-4450 Email: hopecat@hotmail.com Evaluations? Yes All treatment provider qualifications? Yes Adult ? Yes All reatment provider qualifications? Yes Juvenile ? Yes All applicant attestation qualifications? Yes Juvenile ? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Joe A. Falco, MA, LCSW 92.99 Gross Point Road, Suite 300 82.99 Gross Point Road, Suite	Treatment ?	Yes	<u> </u>		Licenses: IL LCSW #149-002016
Name & Main Office Address Address Address Joel A. Falco, MA, LCSW 125 N. Marion Street, Suite 201 Cak Park, IL 60301 Fax: (847) 676-4447 x300 Fax: (847) 676-4450 Email: hope-cat@hotmail.com Language(s): English Licenses: IL LCSW, Clinical Member of ATSA			· ·		
Name & Main Office Address: Joel A. Falco, MA, LCSW 125 N. Marion Street, Suite 201 Oak Park, IL 60301 Services Provided: Treatment? Yes All treatment provider qualifications? Yes All applicant attestation qualifications: Yes All treatment Provider qualifications: Yes All applicant attestation of qualifications: Yes All treatment Provider qualifications: Yes All applicant attestation qualifications: Yes All treatment Provider qualifications: Yes All treatment Provider qualifications: Yes All applicant attestation qualifications: Yes All evaluation provider qualifications: Yes All treatment Provider qualifications: Yes All evaluation provider qualifications: Yes All evaluation provider qualifications: Yes All applicant attestation qualifications: Yes All applicant attestation qualifications: Yes All evaluation Provider qualifications: Yes All applicant attestation qualifications: Yes All evaluation Provider qualifications: Yes All applicant attestation qualifications: Yes All evaluation Provider qualifications: Yes All evaluation Provider qualifications: Yes All evaluation Provider qualifications:			· · ·		
Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes Name & Main Office Address: Services Provided: Evaluations? Yes All treatment provider qualifications: Treatment? Yes All treatment provider qualifications? Yes All applicant attestation qualifications: Treatment? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Name & Main Office Address: Wichael "Mike" Just 9239 Gross Point Road, Suite 300 Skokie, IL 60077 Services Provided: Evaluations? Yes Provider Meets the following qualifications: Yes All treatment provider qualifications: Yes All applicant attestation qualifications: Yes All evaluation provider qualifications: Yes All evalu	Name & Main Of	ffice Address:	Joel A. Falco, MA, LCSW 125 N. Marion Street, Suite 201		Fax: (847) 676-4450
Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Services Provided: Evaluations? Yes All treatment provider qualifications: Yes Name & Main Office Address: Evaluations? Yes Provider dualifications: Treatment? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Name & Main Office Address: Evaluations? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Evaluations? Yes Provider dualifications: Evaluations? Yes Provider dualifications: Evaluations? Yes Provider dualifications: Evaluations? Yes Provider dualifications: Evaluations? Yes Provider Meets the following qualifications: Evaluations? Yes Provider qualifications: Yes All treatment provider qualifications: Name & Main Office Address: Nichael "Mike" Just 125 N. Marion Street, Suite 201 Oak Park, IL 60301 Services Provided: Evaluations? Yes Provider Meets the following qualifications: Treatment? Yes All treatment provider qualifications: Treatment? Yes All reatment provider qualifications? Yes All treatment provider qualifications? Yes All treatment provider qualifications? Yes All applicant attestation qualifications: Treatment? Yes All reatment provider qualifications? Yes All reatment prov	Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Adult? Yes All applicant attestation qualifications? Yes Name & Main Office Address: Joel A. Falco, MA, LCSW 9239 Gross Point Road, Suite 300 Skokie, IL 60077 Provider Meets the following qualifications: Treatment? Yes All treatment provider qualifications? Yes Name & Main Office Address: Ves Provider Meets the following qualifications: Treatment? Yes All valuation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Services Provided: Name & Main Office Address: Michael "Mike" Just Salvices Provided: Evaluations? Yes Provider Meets the following qualifications: Services Provided: Evaluations? Yes Provider Meets the following qualifications: Treatment? Yes All treatment provider qualifications: Treatment? Yes All evaluation provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes Name & Main Office Address: All evaluation provider qualifications? Yes All evaluation provider qualifications? Yes Name & Main Office Address: Name & Main Office Address: All evaluation provider qualifications: Name & Main Office Address: All evaluation provider qualifications: Yes All applicant attestation qualifications: Yes All applicant attestation qualifications: Phone: (847) 676-4447 x301 Fax: (847) 676-4450 Email: justmikejust@sbcglobal.net Language(s): English Licenses: IL LCPC #180-006042; Attorney Adult? Yes All treatment provider qualifications? Yes Adult? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes All evaluation provider qualifications? Yes All evaluation provider qualifications? Yes All evaluation provider qualifications? Yes All evaluation provider	Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW, Clinical Member of ATSA
Juvenile ? Yes	Adult ?	Yes		Yes	
Services Provided: Evaluations? Yes Provider Meets the following qualifications: Treatment? Yes All treatment provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Evaluations? Yes All evaluation provider qualifications: Yes Name & Main Office Address: Fax: (847) 676-4450 Email: hopecat@hotmail.com Language(s): English Licenses: IL LCSW, Clinical Member of ATSA Licenses: IL LCSW, Clinical Member of ATSA Phone: (847) 676-4447 x301 Fax: (847) 676-4450 Email: justmikejust@sbcglobal.net Language(s): English Licenses: IL LCPC #180-006042; Attorney Adult? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes All evaluation provider qualifications? Yes Adult? Yes All applicant attestation qualifications? Yes All applicant attestation qualifications? Yes All applicant attestation qualifications? Yes All applicant attestation qualifications? Yes All applicant attestation qualifications? Yes All applicant attestation q	Juvenile ?	Yes		Yes	
Email:	Name & Main Of	ffice Address:	Joel A. Falco, MA, LCSW 9239 Gross Point Road, Suite 300		Fax: (847) 676-4450
Treatment? Yes All treatment provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Michael "Mike" Just 9239 Gross Point Road, Suite 300 Skokie, IL 60077 Services Provided: Evaluations? Yes All evaluation provider qualifications: Yes Adult? Yes All treatment provider qualifications: Language(s): English Treatment? Yes All evaluation provider qualifications: Yes Adult? Yes All evaluation provider qualifications: Yes Name & Main Office Address: Michael "Mike" Just 9239 Gross Point Road, Suite 300 Skokie, IL 60077 Services Provided: Evaluations? Yes All treatment provider qualifications: Yes Juvenile? Yes All evaluation provider qualifications? Yes Name & Main Office Address: Michael "Mike" Just 125 N. Marion Street, Suite 201 Oak Park, IL 60301 Services Provided: Evaluations? Yes Provided: Provider Meets the following qualifications: Yes Treatment? Yes All treatment provider qualifications: Yes Adult? Yes All treatment provider qualifications: Yes Juvenile? Yes All evaluation provider qualifications? Yes All treatment provider qualifications? Yes All evaluation provider qualifications? Yes Juvenile? Yes All evaluation provider qualifications? Yes Juvenile? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes	Services Provide	ed:			•
Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Michael "Mike" Just 9239 Gross Point Road, Suite 300 Skokie, IL 60077 Services Provided: Evaluations? Yes Provider Meets the following qualifications: Language(s): English Treatment? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Michael "Mike" Just 125 N. Marion Street, Suite 201 Oak Park, IL 60301 Services Provided: Evaluations? Yes Provider Meets the following qualifications: Yes Name & Main Office Address: Michael "Mike" Just 125 N. Marion Street, Suite 201 Oak Park, IL 60301 Services Provided: Evaluations? Yes Provider Meets the following qualifications: Yes Treatment? Yes All reatment provider qualifications? Yes Juvenile? Yes All evaluation provider qualifications? Yes Juvenile? Yes All evaluation provider qualifications? Yes Juvenile? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes	Evaluations?	Yes	Provider Meets the following qualifications:		
Name & Main Office Address: Michael "Mike" Just 9239 Gross Point Road, Suite 300 Skokie, IL 60077 Evaluations? Yes Provider Meets the following qualifications: Yes All reatment provider qualifications? Yes All applicant attestation qualifications? Yes All applicant attestation qualifications: Yes Yes All applicant attestation qualifications: Yes Yes Provider Meets the following qualifications? Yes Yes All applicant attestation qualifications? Yes Yes All applicant attestation qualifications: Yes All treatment provider qualifications: Yes Yes Yes All treatment provider qualifications: Yes Yes Yes All treatment provider qualifications? Yes Yes All evaluation provider qualifications? Yes Yes All evaluation provider qualifications? Yes Yes All evaluation provider qualifications? Yes Yes All applicant attestation qualifications? Yes Yes All applicant attestation qualifications Yes Yes All applicant attestation qualifications Yes Yes Yes All applicant attestation qualifications Yes Yes Yes All applicant attestation qualifications Yes Yes Yes Yes All applicant attestation qualifications Yes Yes Yes Yes Yes All applicant attestation qualifications Yes	Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW, Clinical Member of ATSA
Name & Main Office Address: Michael "Mike" Just 9239 Gross Point Road, Suite 300 Skokie, IL 60077 Email: justmikejust@sbcglobal.net Evaluations? Yes Provider Meets the following qualifications: Language(s): English Treatment? Yes All treatment provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Michael "Mike" Just 125 N. Marion Street, Suite 201 Oak Park, IL 60301 Services Provided: Evaluations? Yes Provider Meets the following qualifications: Yes New All treatment provider qualifications: Yes Phone: (847) 676-4447 x301 Fax: (847) 676-4450 Email: justmikejust@sbcglobal.net Language(s): English Licenses: IL LCPC #180-006042; Attorney Adult? Yes All treatment provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes	Adult ?	Yes	All evaluation provider qualifications?	Yes	
Services Provided: Evaluations? Yes Provider Meets the following qualifications: Treatment? Yes All evaluation provider qualifications: Name & Main Office Address: Evaluations? Yes Provided: Evaluation Provider Meets the following qualifications? Yes All applicant attestation qualifications: Services Provided: Evaluation Provider Qualifications: Name & Main Office Address: Michael "Mike" Just 125 N. Marion Street, Suite 201 Oak Park, IL 60301 Services Provided: Evaluations? Yes Provider Meets the following qualifications: Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications? Yes Juvenile? Yes All applicant attestation qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes All applicant attestation qualifications: Yes Fax: (847) 676-4450 Email: justmikejust@sbcglobal.net Language(s): English Licenses: IL LCPC #180-006042; Attorney Language(s): English Licenses: IL LCPC #180-006042; Attorney Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes	Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Michael "Mike" Just 125 N. Marion Street, Suite 201 Oak Park, IL 60301 Services Provided: Evaluations? Yes Provider Meets the following qualifications: Yes Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes			9239 Gross Point Road, Suite 300		Fax: (847) 676-4450
Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Michael "Mike" Just 125 N. Marion Street, Suite 201 Oak Park, IL 60301 Services Provided: Evaluations? Yes Provider Meets the following qualifications: Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes Adult ? Yes All applicant attestation qualifications: Yes	Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Juvenile?YesAll applicant attestation qualifications:YesName & Main Office Address:Michael "Mike" Just 125 N. Marion Street, Suite 201 Oak Park, IL 60301Phone: (847) 676-4447 x301Services Provided:Email: justmikejust@sbcglobal.netEvaluations?YesProvider Meets the following qualifications:Language(s): EnglishTreatment?YesAll treatment provider qualifications?YesJuvenile?YesAll applicant attestation qualifications:Yes	Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC #180-006042; Attorney
Name & Main Office Address: Michael "Mike" Just 125 N. Marion Street, Suite 201 Oak Park, IL 60301 Services Provided: Evaluations? Yes Provider Meets the following qualifications: Treatment? Yes All treatment provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes Michael "Mike" Just 125 N. Marion Street, Suite 201 Eax: (847) 676-4447 x301 Fax: (847) 676-4450 Email: justmikejust@sbcglobal.net Language(s): English Licenses: IL LCPC #180-006042; Attorney Yes Juvenile? Yes All applicant attestation qualifications: Yes	Adult ?	Yes	All evaluation provider qualifications?	Yes	
125 N. Marion Street, Suite 201 Fax: (847) 676-4450 Email: justmikejust@sbcglobal.net	Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Evaluations? Yes Provider Meets the following qualifications: Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes			125 N. Marion Street, Suite 201		Fax: (847) 676-4450
Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC #180-006042; Attorney Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes			Drovider Meets the following qualifications		
Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes			• •		
Juvenile ? Yes All applicant attestation qualifications: Yes			·		
			<u> </u>	res	Dhana. (0.47) 070 44.47 : 000
125 N. Marion Street, Suite 201 Fax: (847) 676-4450 Oak Park, IL 60301	Name & Main Office Address:		125 N. Marion Street, Suite 201		Fax: (847) 676-4450
Januara (a). English	Services Provided:				
Evaluations: Tes Trovider infects the following qualifications.			<u> </u>		
reaument : Tes An treatment provider qualifications: Tes					LICENSES. IL LCGVV
Adult? Yes All evaluation provider qualifications? Yes					
Juvenile ? Yes All applicant attestation qualifications: Yes	Juvenile ?	Yes	All applicant attestation qualifications:	Yes	





Lake

Community Counseling Center, Ltd.

Name & Main Office Address: (815) 338-7749 Jeffrey A. Martin Phone: 666 Russell Court, Suite 105 (815) 338-7728 Fax: Woodstock, IL 60098 Email: ccc@imaxx.net

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCSW 149-003373 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Yes Yes

Community Youth Network, Inc.

Name & Main Office Address: Jeffery Miller Phone: (847) 548-6000 18640 W. Belvidere Road (847) 548-6040 Fax:

Grayslake, IL 60030 Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC; CADC Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? All evaluation provider qualifications? Yes Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Randall W. Smith Phone: (847) 548-6000 x38 18640 W. Belvidere Road

Fax: (847) 548-6040 Grayslake, IL 60030

Email: randall.w.smith@us.army.mil Services Provided:

English Language(s): Evaluations? Provider Meets the following qualifications: Yes

IL LPC; CADC; CSAP; EMDR 1 & 2 Licenses: Treatment? Yes All treatment provider qualifications?

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Phone: (847) 949-7275 Jody Springer 18640 W. Belvidere Road Fax: (847) 548-6040

Grayslake, IL 60030 Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCSW, LSW, Licensed direct child welfare Treatment? Yes All treatment provider qualifications? Yes services provider, CERAP certified

Adult? Yes Yes All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Scott E. Stolarick Phone: (847) 548-6000 x20 18640 W. Belvidere Road

Fax: (847) 548-6040 Grayslake, IL 60030 Fmail: sstolarick@aol.com

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC Licenses: Treatment? Yes All treatment provider qualifications? Yes Adult? Yes No All evaluation provider qualifications?

Juvenile? Yes All applicant attestation qualifications: Yes

Juvenile?

Yes

31480 Highway 45

Counseling Connection Name & Main Office Address: Thomas M. Schnatterbeck, Psy.D. Phone: (847) 680-2715 x257

Fax: (847) 680-3832 Libertyville, IL 60048 Fmail: tschnatterbeck@counselingconnections.net

Services Provided:

All applicant attestation qualifications:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes

Yes

IL LCP #071-006247 Licenses: Treatment? Yes All treatment provider qualifications? Yes Adult? No All evaluation provider qualifications? Yes





Lake

Donald Sherwood, Psy.D.

Name & Main Office Address: Donald Sherwood, Psy.D. Phone: (847) 623-8866 37528 N. North Avenue (847) 625-8836 Fax:

Beach Park, IL 60087

Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCP Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Forensic Psych Associates, Ltd.

Name & Main Office Address: Robert H. Gordon, Ph.D. Phone: (312) 917-1610

203 N. LaSalle Street, #2100 Fax: (608) 756-5174

Chicago, IL 60601 Email: rgordon@forensicpsych.com Services Provided:

English Language(s): Evaluations? Yes Provider Meets the following qualifications:

IL LCP Licenses: Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Forensic Psychology Associates

Name & Main Office Address: Mark Brenzinger, PsyD Phone (312) 740-9691 445 E. Ohio, Suite 450

Fax: (312) 527-9088 Chicago, IL 60611 Email: ciba9@worldnet.att.net

Services Provided: Language(s): Evaluations? Yes Provider Meets the following qualifications:

English Licenses: None Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications? Juvenile? All applicant attestation qualifications: Yes Yes

Name & Main Office Address: Eric Ostrov, J.D., Ph.D., ABPP Phone: (312) 740-9691 445 E. Ohio, Suite 450 Fax: (312) 527-9088

Chicago, IL 60611 eostrov@aol.com Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL Psy.D. 071-001951, IL Attorney #3128938 Licenses: Treatment? No No All treatment provider qualifications?

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Susan Page, Psy.D. Phone: (312) 399-3140 445 E. Ohio, Suite 450 Fax: (312) 527-9088

Chicago, IL 60611 Email: slpage27@aol.com Services Provided:

English Language(s): **Evaluations?** Nο Provider Meets the following qualifications: Licenses: None

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? No

All applicant attestation qualifications:

Haymarket Center (McDermott Center)

Yes

Juvenile?

Name & Main Office Address: Sherry S. Kostman, Psy.D., CADC, CCJAS, CFAE Phone: (312) 226-7984 x409 120 N. Sangamon Fax: (312) 226-7964

Chicago, IL 60607 Email: skostman@hcenter.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LPC #178-002577, CADC #24934, CCJAS Treatment? Yes All treatment provider qualifications? Yes

Yes

#24552, CFAE, ATSA Clinical Member Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes





Lake

Illinois Youth Center (IYC) - Kewanee

Name & Main C	Office Address:	David Allred (IDOC) 2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443		Phone: Fax:	` ,	852-3651 852-3515
Services Provid	led:	*		Email:		
Evaluations?	Yes	Provider Meets the following qualifications:	:	Language((s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LCPC #180-001084
Adult ?	Yes	All evaluation provider qualifications?	No			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C	Office Address:	Stacey Andrews 2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443		Phone: Fax:		852-3651 852-3515
Services Provid	led:			Email:	, \	
Evaluations?	Yes	Provider Meets the following qualifications:		Language((S):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LCSW
Adult?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C	Office Address:	Victor A. Kersey 2021 Kentville Road, P.O. Box 518		Phone: Fax:		852-3651 852-3515
Services Provid	led:	Kewanee, IL 61443		Email:		
Evaluations?	Yes	Provider Meets the following qualifications:	:	Language((s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		None
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C	Office Address:	Katrina Maddox 2021 Kentville Road, P.O. Box 518		Phone: Fax:		852-3651 852-3515
Services Provid	led:	Kewanee, IL 61443		Email:	psych	ngirl75@sbcglobal.net
Evaluations?	Yes	Provider Meets the following qualifications:	:	Language((s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LPC #178-004175; NCC-National Certified
Adult ?	Yes	All evaluation provider qualifications?	Yes			Counselor
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C		Robert E. Olt 2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443		Phone: Fax: Email:		852-3651 852-3515
Services Provid				Language((c)·	English
Evaluations?	Yes	Provider Meets the following qualifications:		Licenses:	` '	NCC; LCPC
Treatment?	Yes	All treatment provider qualifications?	Yes	Licerises.		NGG, EGI G
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C Services Provid		Lisa L. Potter 2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443		Phone: Fax: Email:	(309)	852-3651 852-3515 r9@aol.com
Evaluations?	Yes	Provider Meets the following qualifications:		Language((s):	English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:		MS, MHP
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C		Kenneth G. Queen	103	Phone:	(300)	852-3651
varie & Mair C	mice Address.	2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443		Fax:	. ,	852-3515
Services Provid	led:			Email:	(a).	English
Evaluations?	Yes	Provider Meets the following qualifications:		Language((s):	English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:		II LPC 178-004103
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			





Lake

Illinois Youth Center (IYC) - Kewanee

Name & Main Office Address:		Petrita Salazar 2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443		Phone: Fax:	. ,	852-3651 852-3515
Services Provid	'ed:	rewarios, in 61446		Email:		
Evaluations?	Yes	Provider Meets the following qualifications:		Language	. ,	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		None
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main O	ffice Address:	Jeffrey P. L. Sim 2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443		Phone: Fax:		852-3651 852-3515
Services Provid	led:			Email:		
Evaluations ?	Yes	Provider Meets the following qualifications:		Language	. ,	English
Treatment?	Yes	All treatment provider qualifications?	No	Licenses:		IL LCP #071-007028
Adult ?	Yes	All evaluation provider qualifications?	No			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Indian Oa	aks Acade	emv				
Name & Main O		Daphne Bogenscheider		Phone:	(815)	802-3700
Tanio a Main O	moo Addicess.	101 Bramble		Fax:	. ,	468-2310
		Manteno, IL 60950		гах. Email:	(010)	-00 Z010
Services Provid				Language)(e)·	English
Evaluations ?	Yes	Provider Meets the following qualifications:		Licenses:	` '	English LCPC, EMDR Level I, CANS, CERAP
Treatment ?	Yes	· •	Yes	Licerises.		LCPC, EMDR Level I, CANS, CERAP
Adult ?	No	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main O	office Address:	Michael Chavers 101 Bramble Manteno, IL 60950		Phone: Fax:		802-3738 468-2310
Services Provid	led:			Email:		
Evaluations?	Yes	Provider Meets the following qualifications:		Language	e(s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		None
Adult ?	No		Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main O	ffice Address:	Thomas Duff		Phone:	(815)	802-3700
		101 Bramble		Fax:		468-2310
Services Provid	lod:	Manteno, IL 60950		Email:	. ,	nexus-ioa.org
Services Frovid Evaluations ?		Provider Meets the following qualifications:		Language		English
	Yes	• •	Voc	Licenses:		•
Treatment ?	Yes	' '	Yes			
Adult ?	No		Yes			
Juvenile ?	Yes	<u> </u>	Yes	Dharas	(045)	000 2700
Name & Main O	mice Address:	Andrew Fisher 101 Bramble		Phone:		802-3700 468-3340
		Manteno, IL 60950		Fax:	, ,	468-2310
Services Provid	led:			Email:		a@nexus-ioa.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language	. ,	English
Treatment ?	No	All treatment provider qualifications?	Yes	Licenses:		IL LCPC
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main O	office Address:	Sara E. Langevin, MA 101 Bramble Manteno, IL 60950		Phone: Fax:	(815)	802-3700 468-2310
Services Provid	ed:			Email:	_	vins@nexus-ioa.org
Evaluations ?	Yes	Provider Meets the following qualifications:		Language	e(s):	English
Treatment ?	Yes	• •	Yes	Licenses:		
Adult ?	No		Yes			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				





<u>Lake</u>

Indian Oa	aks Acade	emy		
Name & Main Office Address:		Amber Residori, LCSW 101 Bramble		Phone: (815) 802-3700 Fax: (815) 468-2310
Services Provid	led:	Manteno, IL 60950		Email: residori@nexus-ioa.org
Evaluations?	Yes	Provider Meets the following qualifications: All treatment provider qualifications? Yes		Language(s): English , French
Treatment ?	Yes			Licenses: IL LCSW
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	William K. Robison 101 Bramble Manteno, IL 60950		Phone: (815) 802-3713 Fax: (815) 468-2310
Services Provid	led:	·		Email: robisonw@Nexus-IOA.org
Evaluations?	Yes	Provider Meets the following qualifications:	:	Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL Clinical Psyology #071-006191; IL MFT 16 000144
Adult ?	No	All evaluation provider qualifications?	Yes	000144
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Kevin & A	A <i>ssociate</i> s	5		
Name & Main C	Office Address:	Maureen Kevin, LCSW 110 Cottage Hill, Suite 305 Elmhurst, IL 60126		Phone: (630) 941-8270 Fax: (630) 941-8294
Services Provid	led:	Zimilarot, iz corzo		Email: mureenkevin@hotmail.com
Evaluations?	Yes	Provider Meets the following qualifications:	:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW #149-000550
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Kids Hope	e United			
Name & Main Office Address:		Kristan Cameron 215 N. Milwaukee Avenue Lake Villa, IL 60046		Phone: (847) 245-6570 Fax: (847) 245-6714
Services Provid	led:	,		Email: kcameron@kidshopeunited.org
Evaluations ?	Yes	Provider Meets the following qualifications:	:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC 180-002580
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Shenandoah Cardwell 215 N. Milwaukee Avenue Lake Villa, IL 60046		Phone: (847) 245-6544 Fax: (847) 245-6714
Services Provid				Email: scardwell.LCPC@comcast.net
Evaluations?	Yes	Provider Meets the following qualifications:	:	Language(s): English Licenses: IL LCPC #180-001256, WI LPC #2906-125.
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC #180-001256, WI LPC #2906-125, NCC #22818
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Denny Clouse, MSW, LCSW 1750 E. Main Street, Suite 40 St. Charles, IL 60174		Phone: (847) 741-7140 Fax: (847) 741-2089
Services Provid	led:	•		Email: dclouse@kidshopeunited.org
Evaluations?	Yes	Provider Meets the following qualifications:	•	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW #149-005893, Clinical ATSA
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C		Thomas F. Hayes 1750 East Main Street, Suite 40 St. Charles, IL 60174		Phone: (630) 513-6277 x22 Fax: (630) 513-4277 Fmail: they as @kidchenouspited org
Services Provid				Email: thayes@kidshopeunited.org Language(s): English
Evaluations?	No	Provider Meets the following qualifications:		Language(s): English Licenses: IL LPC #178-003268
Treatment?	Yes	All treatment provider qualifications?	Yes	LIUGIISES. IL LFU #1/0-003200
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	





Lake

Kids Hope United

Name & Main Office Address: (847) 741-7140 Dennis Kyrouac Phone: 1750 E. Main Street, Suite 40 (847) 741-2089 Fax: St. Charles, IL 60174 Email: dkyrouac@msn.com Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications: Licenses: IAODAPCA Counselor, CADC Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? No Juvenile? All applicant attestation qualifications: Yes Yes

Name & Main Office Address: Phone: (847) 245-6547 Liza Simon-Roper

215 N. Milwaukee Avenue Fax: (847) 245-6714 Lake Villa, IL 60046

Email: Isroper@kidshopeunited.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCSW, WI LCSW, ATSA Member Yes All treatment provider qualifications? Yes Treatment?

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Latino Family Services, P.C.

Arturo Hurtado, LCSW, ACSW Name & Main Office Address: Phone: (847) 593-7077 825 E. Golf Road, Suite 1133 Fax: (847) 593-7056

Arlington Heights, IL 60005-5200

Email: Services Provided:

Language(s): English , Spanish Evaluations? Provider Meets the following qualifications: Yes

IL LCSW-#149-005124, ACSW, ATSA Clinical Licenses: Treatment? Yes All treatment provider qualifications? Member

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Mack E. Winn and Associates

Name & Main Office Address: Phone: (847) 604-9451 Mack E. Winn, LCSW 11 N. Skokie Highway, Suite 111 Fax: (847) 604-9457

Lake Bluff, IL 60044 Email: mwatx111@yahoo.com

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCSW #149-003400, Clinical Member ATSA Licenses: Treatment? All treatment provider qualifications? No Yes

(1994-Present) Adult? Yes All evaluation provider qualifications? Yes

Juvenile? No All applicant attestation qualifications: Yes

Marcy Pritzen, LCSW

Name & Main Office Address: Marcy Pritzen, LCSW Phone: (847) 636-6364 3295 N. Arlington Heights Rd, Suite 103 (847) 398-6595 Fax:

Arlington Heights, IL 60004 Email: mpritzen@mindspring.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: IL LCSW #149-005331 Licenses:

Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Michael R. Davison

Name & Main Office Address: Michael R. Davison Phone: (847) 788-0645 3295 N. Arlington Heights Road, Suite 103 Fax: (847) 398-6595 Arlington Heights, IL 60004 Fmail: apsychdoc@aol.com

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCP #071005-382 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes





Lake

Oak Forest Psychological Service, P.C.

Name & Main Office Address: Mitchell Hicks, Ph.D., LCPC Phone: (708) 429-2777 x27

6320 W. 159th Street, Suite E Fax: Oak Forest, IL 60452

Email: mwhicks@drmitchellhicks.com Services Provided:

Language(s): Evaluations? Yes Provider Meets the following qualifications:

IL LCPC #180-005185, IL LCP #071-006835, Licenses: Treatment? Yes All treatment provider qualifications? Yes Clinical Member of ATSA

Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Yes

Name & Main Office Address: Dr. Barbra Kraus Phone: (708) 429-2777

6320 W. 159th Street, Suite E Fax: (708) 429-2780

Oak Forest, IL 60452 Email: bkraus@oakforestpsych.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCP-#071-006308 Yes All treatment provider qualifications? Yes Treatment?

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

RITAS Ministry

No

Name & Main Office Address: Judith "Jude" C. Skallerup Phone: (630) 966-0252

325 E. Galena Fax: (630) 966-0005 Aurora, IL 60505

Email: Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes

Licenses: IL LCPC-180-004615, CSOTS Treatment? Yes All treatment provider qualifications?

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Ronald B. Baron, M.D.

Name & Main Office Address: (847) 432-7007 Ronald B. Baron, M.D. Phone:

2120 Sheridan Road Fax: (847) 432-7034

Highland Park, IL 60035-2404 Services Provided:

Email:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Certified Forensic Psychiatrist Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Ronald Baker, M.D.

Name & Main Office Address: Ronald B. Baker, M.D. Phone: (847) 432-7007 2120 Sheridan Road

(847) 432-7034 Fax:

Highland Park, IL 60035 Email: Services Provided:

Language(s):

Evaluations? Yes Provider Meets the following qualifications:

IL Medical License # 036-039021. Certified in Licenses: Treatment? Yes All treatment provider qualifications? Yes Psychiatry and Forensic Psychiatry from the

Adult? Yes All evaluation provider qualifications? Yes American Board of Psychiatry and Neurology Juvenile? All applicant attestation qualifications: No Yes

Psy.D., CADC, CCJAS, CFAE Sherry S. Kostman,

Name & Main Office Address: Sherry S. Kostman, Psy.D., CADC, CCJAS, CFAE Phone: (312) 315-4411 445 East Ohio Fax: (312) 527-5397

Chicago, IL 60611 Fmail: skostman@hcenter.org Services Provided:

Language(s): Evaluations? Yes Provider Meets the following qualifications:

IL LPC #178-002577, CADC #24934, CCJAS Licenses: Treatment? Yes All treatment provider qualifications? Yes

#24552, CFAE, ATSA Clinical Member Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes



Email:



Lake

Suburban Counseling Services

Name & Main Office Address: (847) 599-1551 Suzanne Palmer Phone: 135 N. Greenleaf, Suite #208

(847) 599-1569 Fax: Gurnee, IL 60031 Email: suzannepalmer@comcast.com

Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC, ATSA Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes No

William "Kip" Hillman, Psy.D.

Name & Main Office Address: William "Kip" Hillman, Psy.D. Phone: (312) 933-0060

4064 N. Lincoln, #290 (773) 989-0275 Fax: Chicago, IL 60618

kiphillman@yahoo.com Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: IL Psychology 071-003686 Licenses:

Treatment? Yes All treatment provider qualifications? Yes Adult? All evaluation provider qualifications? Yes Yes

Juvenile? Yes All applicant attestation qualifications: Yes

LaSalle

7th Fire Counseling

Name & Main Office Address: (815) 433-4829 Leo J. Meagher Phone:

218 W. Madison Street (815) 433-4028 Fax: Ottawa, IL 61350 Email: chawk@mtco.com

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC, Clinically Cert. Forensic Counselor, Licenses: Treatment? Yes All treatment provider qualifications? Yes Clinically Cert. DV Counselor, Cert. Clinical Adult? Yes All evaluation provider qualifications? Yes

Criminal Justice Specialist, Master Addiction Juvenile? No All applicant attestation qualifications: Yes Counselor, Cert. Diplomate in Clinical Hypnothe

Alliances Counseling Services

Name & Main Office Address: Ronelle Allen Phone: (815) 285-3073

119 W. First Street, Suite 110 (815) 285-3103 Fax: Dixon, IL 61021 alliances@cin.net Fmail:

Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes Licenses: IL LCPC

Treatment? All treatment provider qualifications? Yes Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Brian Smith Phone: (815) 285-3073

119 W. First Street, Suite 110 (815) 285-3103 Fax: Dixon, IL 61021

Email: alliances@cin.net Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCSW Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Art Therapy and Counseling Services

Name & Main Office Address: Laurie A. Cox Phone: (309) 452-5326

101 E. College Avenue, Suite D (309) 452-5356 Fax: Normal, IL 61761

coxlaurie@msn.com Email: Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes IL LCPC, CADC Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes





LaSalle

Juvenile?

Yes

Assisted Awareness

Assisted A	Awarene:	SS		
Name & Main Office Address:		Karen L. Smith, MA, LCPC 81 N. Chicago Street, Suite 202 Joliet, IL 60432		Phone: (815) 723-2844 Fax: (815) 740-8817
Services Provid	led:			Email: karenspc@yahoo.com
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?		Licenses: IL LCPC
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C		Richard D. "Bo" Travis, MA, LCPC 81 N. Chicago Street, Suite 202 Joliet, IL 60432		Phone: (815) 723-2844 Fax: (815) 740-8817 Email: botravis@earthlink.net
Services Provid				Language(s): English
Evaluations ?	No	Provider Meets the following qualifications:		Licenses: IL LCPC-#180-003461
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses. IL LCF 0-#100-003401
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	No	All applicant attestation qualifications:	Yes	
Glenwood	d Testing	Center		
Name & Main C		Frank E. Cushing, Psy.D. 2823 Glenwood Avenue Rockford, IL 61101		Phone: (815) 968-8133 Fax: (815) 968-4656 Email: fec@juno.com
Services Provid		5		
Evaluations ?	Yes	Provider Meets the following qualifications:		Language(s): English Licenses: IL LCP #071-002590
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses. IL LOF #071-002390
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C Services Provid		Kyle Cushing, Psy.D. 2823 Glenwood Avenue Rockford, IL 61101		Phone: (815) 968-5342 Fax: (815) 968-4656 Email: drcushing@juno.com
Evaluations ?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCP, Consulting Forensic Examiner
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
		, iii appiioaiit aitootattori quaiiioattorioi		
RITAS Mi Name & Main O	•	Judith "Jude" C. Skallerup 325 E. Galena Aurora, IL 60505		Phone: (630) 966-0252 Fax: (630) 966-0005
Services Provid	led:			Email:
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC-180-004615, CSOTS
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Youth Se.	rvice Bur	eau of Illinois Valley		
Name & Main Office Address:		Lisa Kay Gustafson 424 W. Madison Ottawa, IL 61350		Phone: (815) 433-3953 Fax: (815) 433-3980
Services Provid	led:	5113.74, 12 01000		Email: lisa@ysbiv.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC #180-004529
Adult ?	No	All evaluation provider qualifications?	Yes	
		A.H	.,	

Yes

All applicant attestation qualifications:





LaSalle

Youth Service Bureau of Illinois Valley

Name & Main Office Address: (815) 433-3953 Cynthia Robinson Phone: 424 W. Madison Fax: (815) 433-3980 Ottawa, IL 61350

Email: cindy@ysbiv.org Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCSW #149-007877 Treatment? Yes All treatment provider qualifications? Yes

Adult? No All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Lawrence

Brown Counseling & Consulting

Name & Main Office Address: Jeffrey R. Brown Phone: (812) 887-5431

2622 Washington Avenue Fax: (812) 886-3010 Vincennes, IN 47591

Email: lazlo81@charter.net Services Provided:

Language(s): English Provider Meets the following qualifications: Evaluations? Yes

ACSW; LCSW, IL #148-008300 & IN Licenses: Treatment? Yes All treatment provider qualifications? Yes #34001119A; CADC III; ATSA

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Lee

Alliances Counseling Services

Name & Main Office Address: Ronelle Allen Phone: (815) 285-3073

119 W. First Street, Suite 110 Fax: (815) 285-3103 Dixon, IL 61021 Email: alliances@cin.net Services Provided:

English Language(s): Evaluations? Provider Meets the following qualifications: Yes Licenses: IL LCPC

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

Yes Juvenile? All applicant attestation qualifications: Yes Name & Main Office Address: Phone: (815) 285-3073

119 W. First Street, Suite 110 Fax: (815) 285-3103 Dixon, IL 61021 Email: alliances@cin.net Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCSW Treatment? Yes Yes All treatment provider qualifications?

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Braden Counseling Center

Name & Main Office Address: Danielle Calsyn Phone: (815) 787-9000 2580 DeKalb Avenue Fax: (815) 787-9015

Sycamore, IL 60178 dcalsyn@frontiernet.net Email:

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: CADC #21278 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Yes

Elaine M. Bochenek, Psy.D., CADC

Name & Main Office Address: Elaine M. Bochenek, Psy.D., CADC Phone: (815) 285-8394

115 W. First Street Fax: Dixon, IL 61021

Email: Services Provided: Language(s): Evaluations? Yes

Provider Meets the following qualifications: IL LCP #071-006418, CADC Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications? Juvenile? No All applicant attestation qualifications: Yes

English



Email:

Email:

Tx Specialist

rgordon@forensicpsych.com



Family Services Agency of DeKalb County, Inc.

Name & Main Office Address: Kathleen M. Alberts, MSW, LCPC Phone: (815) 758-8618 14 Health Services Drive (815) 758-7569 Fax:

DeKalb, IL 60115 Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC #180-004462; Certified Sex Offender Licenses: Treatment? Yes All treatment provider qualifications? Yes Tx Specialist

Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes Yes

Family, Divorce & Mediation of Ogle County

Name & Main Office Address: Kathleen M. Alberts, MSW, LCPC Phone: (815) 562-8818 1500 West Lincoln Avenue Fax: (815) 562-8818

Rochelle, IL 61068 Email:

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: IL LCPC #180-004462; Certified Sex Offender Licenses:

Treatment? Yes All treatment provider qualifications? Yes All evaluation provider qualifications? Yes Adult? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Forensic Psych Associates, Ltd.

Name & Main Office Address: Robert H. Gordon, Ph.D. Phone (312) 917-1610

203 N. LaSalle Street, #2100 Fax: (608) 756-5174

Chicago, IL 60601 Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCP Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes

Jeffrey B. Sundberg

Yes

Name & Main Office Address: Phone: (815) 332-8342 Jeffrey B. Sundberg

P. O. Box 17044, 610 A East State Street Fax: (815) 332-8342

Rockford, IL 61110

Fmail: Services Provided:

Language(s): Evaluations? Provider Meets the following qualifications: Yes Licenses: IL LCSW #149-003876, ACSW, ATSA Member

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

Yes Juvenile? All applicant attestation qualifications: Yes

Robert Young Center for Community Mental Health

Name & Main Office Address: Phone: (309) 779-2038 Lisa Curry

4600 3rd Street Fay: (309) 779-2167 Moline, IL 61265 Fmail:

currylctrinityqc.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses:

IL LCSW-149-005922, LISW-lowa Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Scott Stange Phone: (309) 779-2031

4600 3rd Street Fax: (309) 779-2167 Moline, IL 61265

Fmail: stange@trinityqc.com Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCSW, LISW, Clinical Member ATSA Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Yes





Livingston

7th Fire Counseling

Name & Main Office Address: (815) 433-4829 Leo J. Meagher Phone:

218 W. Madison Street (815) 433-4028 Fax: Ottawa, IL 61350 Email: chawk@mtco.com

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC, Clinically Cert. Forensic Counselor, Treatment? Yes All treatment provider qualifications? Yes Clinically Cert. DV Counselor, Cert. Clinical Adult? Yes All evaluation provider qualifications? Yes

Criminal Justice Specialist, Master Addiction Juvenile? Nο All applicant attestation qualifications: Yes Counselor, Cert. Diplomate in Clinical Hypnothe

ABC Counseling and Family Services

Name & Main Office Address: Lynn Willard, MA, MSW Phone: (309) 451-9495 705 E. Lincoln

Fax: (309) 451-9404 Normal, IL 61761

Email: lwillard@abccounseling.org Services Provided:

English Language(s): Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC #180-004238 Treatment? Yes All treatment provider qualifications?

Adult? Nο All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Art Therapy and Counseling Services

Name & Main Office Address: Laurie A. Cox Phone: (309) 452-5326

101 E. College Avenue, Suite D Fax: (309) 452-5356 Normal, IL 61761 coxlaurie@msn.com

Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC, CADC Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Assisted Awareness

Yes

No

Juvenile?

Juvenile?

Name & Main Office Address: Karen L. Smith, MA, LCPC Phone: (815) 723-2844 81 N. Chicago Street, Suite 202 Fax: (815) 740-8817

Joliet, IL 60432 Fmail: karenspc@yahoo.com Services Provided:

English Language(s): Evaluations? Provider Meets the following qualifications: Yes

Licenses: IL LCPC Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes

All applicant attestation qualifications:

All applicant attestation qualifications:

Name & Main Office Address: Richard D. "Bo" Travis, MA, LCPC Phone: (815) 723-2844 81 N. Chicago Street, Suite 202

Fax: (815) 740-8817 Joliet, IL 60432 botravis@earthlink.net Email:

Services Provided: Language(s): English

Evaluations? Provider Meets the following qualifications: No Licenses: IL LCPC-#180-003461 Treatment? Yes All treatment provider qualifications? Yes

Yes

Yes

Adult? Yes All evaluation provider qualifications? Yes

Community Resource and Counseling Center

Name & Main Office Address: Laurelyn Cropek Phone: (217) 379-4302 P.O. Box 162 (217) 379-4304 Fax: Paxton, IL 60957 Email:

crcc@illicom.net Services Provided: Language(s): English Evaluations? No Provider Meets the following qualifications:

Licenses: IL LCSW-149-005667 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? No All applicant attestation qualifications: Juvenile? No Yes





Livingston

Community Resource and Counseling Center

Name & Main Office Address:	Laurie A. Gilbert	Phone:	(217) 379-4302
	P.O. Box 162	Fax:	(217) 379-4304
Services Provided:	Paxton, IL 60957	Email:	lgilbert@4crcc.org

Language(s): Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCSW-149-010484 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Christine Mayer Phone: (217) 379-4302 P.O. Box 162 Fax: (217) 379-4304 Paxton, IL 60957

Email: ccrc@illicom.net Services Provided: Language(s): English Evaluations? No Provider Meets the following qualifications:

Licenses: IL LCSW-149.009275 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? No Juvenile? All applicant attestation qualifications: No Yes

Name & Main Office Address: Jeffrey C. Reynolds Phone: (217) 379-4302 P.O. Box 162 Fax: (217) 379-4304 Paxton, IL 60957

Email: jreynolds@4crcc.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: IL LCPC #180-004199 Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Yes

Darlene M. Bushue, M.A., LCPC

Name & Main Office Address: #Error Phone: (618) 444-7736

Fax: Email: Services Provided:

Provider Meets the following qualifications: IL LCPC 180-004485 Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications? Juvenile? No All applicant attestation qualifications: Yes

Institute of Human Resources

Yes

No

Evaluations?

Juvenile?

Name & Main Office Address: Robert W. Kinas Phone: (815) 844-6109 310 Torrance Avenue, Box 768

Fax: (815) 844-3561 Pontiac, IL 61764

Email: Services Provided:

Language(s): Evaluations? Yes Provider Meets the following qualifications:

All applicant attestation qualifications:

IL LCPC #180-001488, AODA-CADC #1489, Licenses: Treatment? Yes All treatment provider qualifications? Yes MISA II 18831 Adult? Yes All evaluation provider qualifications? Yes

Yes

Language(s):

English

Lutheran Social Services of Illinois

Name & Main Office Address: Phone: (309) 671-0300 x271 Dee Ann Foss 3000 W. Rohmann West Fax: (309) 671-0503

Peoria, IL 61604

Email: deeanne.foss-reimers@lssi.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes





Livingston

Juvenile?

Yes

Lutheran Social Services of Illinois Name & Main Office Address: Yvonne Wojtalik (309) 671-0300 x245 Phone: 3000 W. Rohmann West (309) 671-0503 Fax: Peoria, IL 61604 Email: yvonne.wojtalik@lssi.org Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes Onarga Academy Name & Main Office Address: Rebecca Cunningham Phone: (815) 268-4001 104 N. Locust (815) 268-7977 Fax: Onarga, IL 60955 Email: rcunnin@nexus-ona.org Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC #180-001150 Treatment? Yes All treatment provider qualifications? Yes Adult? All evaluation provider qualifications? Yes No Juvenile? Yes All applicant attestation qualifications: Yes Name & Main Office Address: William D. Featherstone Phone: (815) 268-4001 104 N. Locust (815) 268-7977 Fax: Onarga, IL 60955 Email: bfeathe@nexus-ona.org Services Provided: Language(s): English Evaluations? Provider Meets the following qualifications: Yes Licenses: Treatment? Yes All treatment provider qualifications? Adult? No All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Douglas C. Gossett, M.A., LCPC Phone: (815) 268-4001 104 N. Locust Fax: (815) 268-7977 Onarga, IL 60955 Email: dgossset@nexus-ona.org Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications: IL LCPC #180-005298 Licenses: Treatment? Yes All treatment provider qualifications? Yes Adult? Yes Nο All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Jamie Kozma Phone: (815) 268-4001 104 N. Locust Fax: (815) 268-7977 Onarga, IL 60955 Fmail: jkozma@nexus-ona.org Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications: IL LCPC Licenses: Treatment? Yes All treatment provider qualifications? Yes Adult? No Yes All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Bill Mitchell Phone: (815) 268-4001 104 N. Locust Fax: (815) 268-7977 Onarga, IL 60955 Email: wmitche@nexus-ona.org Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: None Treatment? Yes All treatment provider qualifications? Yes Adult? No Yes All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Phone: (815) 268-4001 Karen Robertie 104 N. Locust Fax: (815) 268-7977 Onarga, IL 60955 Email: krobert@nexus-ona.org Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC 180-005314 Treatment? Yes All treatment provider qualifications? Yes Adult? No All evaluation provider qualifications? Yes

Yes

All applicant attestation qualifications:





Livingston

Onarga Academy

Name & Main Office Address: (815) 268-4001 Michael D. Simpson Phone: 104 N. Locust (815) 268-7977 Fax: Onarga, IL 60955

msimpso@nexus-ona.org Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC 180-005921 Treatment? Yes All treatment provider qualifications? Yes

Adult? No All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Tricia Renee St. Pierre Phone: (815) 268-4001

104 N. Locust Fax: (815) 268-7977

Onarga, IL 60955 Email: tstpier@nexus-ona.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: NCC

Treatment? Yes All treatment provider qualifications? Yes Adult? No All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Ryan Weidenbenner Phone: (815) 268-4001

104 N. Locust Fax: (815) 268-7977

Onarga, IL 60955 Email: rweiden@nexus-ong.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC Treatment? Yes All treatment provider qualifications? Yes Adult? No All evaluation provider qualifications? Yes

All applicant attestation qualifications: Juvenile? Yes Yes Name & Main Office Address: Timothy E. White Phone: (815) 268-4001

104 N. Locust Fax. (815) 268-7977

Onarga, IL 60955 Email: twhite@nexus-ona.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: None Treatment? All treatment provider qualifications? Yes

Adult? Nο All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

<u>Logan</u>

Juvenile?

Juvenile?

Art Therapy and Counseling Services

Name & Main Office Address: Laurie A. Cox Phone: (309) 452-5326 101 E. College Avenue, Suite D Fax: (309) 452-5356 Normal, IL 61761

Email: coxlaurie@msn.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC, CADC Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes

Yes Bohlen & Associates, SC

No

Name & Main Office Address: Joseph G. Bohlen, MD, Ph.D. (217) 546-3100 Phone: 3001 Spring Mill Drive, Suite D Fax: (217) 546-3284

Springfield, IL 62704 Email:

All applicant attestation qualifications:

All applicant attestation qualifications:

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL Physicians & Surgeons

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

Yes



Yes

Fax:



Logan

Juvenile?

Clinical Systems, Inc.

Name & Main Office Address: Louis M. Douglas Phone: (217) 529-2142

3151 Butler Springfield, IL 62703

Email: Idouglas@insightbb.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: LPC, CADC, CCJP, MISA II All treatment provider qualifications? Treatment? Yes Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Michael G. Howie Phone: (217) 529-2142

3151 Butler Fax: (217) 529-2174 Springfield, IL 62703

Email: mhowie1@earthlink.net Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC Treatment? No All treatment provider qualifications? No

Adult? Yes All evaluation provider qualifications? Yes

All applicant attestation qualifications:

Name & Main Office Address: Karen L. Streight Phone: (271) 529-2142 3151 Butler Fax: (217) 529-2174

Springfield, IL 62703 Email: clinicalsystems@yahoo.com

Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC #180-003070 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Cokley, Sunderland & Cokley

No

Name & Main Office Address: Robert L. Cokley, Ph.D. Phone: (217) 422-0053 348 West Prairie Avenue, Suite

Fax: (217) 422-0374 Decatur, IL 62522

Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCSW- #149-000865, Doctorate Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes

Gregory S. Viniard

Name & Main Office Address: Phone: (217) 529-2142 Gregory S. Viniard

3151 Butler Fax: (217) 529-2174 Springfield, IL 62703

Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC #180-003061, Clinically Certified Licenses: Treatment? Yes All treatment provider qualifications? Yes Forensic Counselor #F18393, Clinically

Adult? Yes All evaluation provider qualifications? Yes Certified DV Counselor #F18394 Juvenile? Yes All applicant attestation qualifications: Yes

Lutheran Social Services of Illinois

Name & Main Office Address: (309) 671-0300 x271 Dee Ann Foss Phone: 3000 W. Rohmann West Fax: (309) 671-0503

Peoria, IL 61604 Email: deeanne.foss-reimers@lssi.org

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes





Logan

Juvenile?

Lutheran Social Services of Illinois

Name & Main Office Address: Yvonne Wojtalik (309) 671-0300 x245 Phone: 3000 W. Rohmann West (309) 671-0503 Fax:

Peoria, IL 61604 Email: yvonne.wojtalik@lssi.org

Yes

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

All applicant attestation qualifications:

Midwest Counseling

Yes

Name & Main Office Address: Bryan Denure Phone: (309) 241-0885

15 S. Capitol, Suite 207 Fax: Pekin, IL 61554 Email:

Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications:

Licenses: IL LPC #180-005002, CRADC Treatment? Yes All treatment provider qualifications? Yes

Adult? All evaluation provider qualifications? No Yes Juvenile? No All applicant attestation qualifications: Yes

Name & Main Office Address: Keir L. Goatley Phone: (217) 726-8744

917 Clocktower Dr. #420 Fax: Springfield, IL 62704

Email: kgoatley@ameritech.net Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes

IL LCPC-#180-004321, (IDPR), CCBT, ATLSA, Licenses: Treatment? Yes All treatment provider qualifications?

IL-ATSA

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Gil Pilapil Phone: (309) 241-0885

15 S. Capitol, Suite 207 Fax: Pekin, IL 61554

Email: Services Provided:

Language(s): English Evaluations? Nο Provider Meets the following qualifications: None

Licenses: Treatment? Yes All treatment provider qualifications? Yes Adult? No Yes All evaluation provider qualifications?

Juvenile? No All applicant attestation qualifications: Yes

<u>Macon</u>

ABC Counseling and Family Services

Name & Main Office Address: Lynn Willard, MA, MSW Phone: (309) 451-9495 705 E. Lincoln (309) 451-9404 Fax:

Normal, IL 61761 Email: lwillard@abccounseling.org

Services Provided:

Language(s): Evaluations? Yes Provider Meets the following qualifications:

IL LCPC #180-004238 Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? No All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Art Therapy and Counseling Services

Name & Main Office Address: Laurie A. Cox Phone: (309) 452-5326

101 E. College Avenue, Suite D (309) 452-5356 Fax: Normal, IL 61761 Fmail: coxlaurie@msn.com

Services Provided: English

Language(s): Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC, CADC Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes





Macon

Bohlen & Associates, SC

Name & Main Office Address: Joseph G. Bohlen, MD, Ph.D. Phone: (217) 546-3100 3001 Spring Mill Drive, Suite D (217) 546-3284 Fax:

Springfield, IL 62704 Services Provided:

Email:

Language(s): Evaluations? Yes Provider Meets the following qualifications: Licenses: IL Physicians & Surgeons

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

All applicant attestation qualifications: Juvenile? No Yes

Clinical Systems, Inc. Name & Main Office Address: Louis M. Douglas Phone: (217) 529-2142

3151 Butler Fax: Springfield, IL 62703

Email: Idouglas@insightbb.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

LPC, CADC, CCJP, MISA II Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? All evaluation provider qualifications? Yes Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Michael G. Howie Phone: (217) 529-2142

3151 Butler Fax: (217) 529-2174 Springfield, IL 62703

Email: mhowie1@earthlink.net Services Provided: Language(s): English

Evaluations? Provider Meets the following qualifications: Yes IL LCPC Licenses: No Treatment? No All treatment provider qualifications?

Adult? Yes All evaluation provider qualifications? Yes Juvenile? No All applicant attestation qualifications: Yes

Name & Main Office Address: Karen L. Streight Phone: (271) 529-2142

3151 Butler Fax: (217) 529-2174 Springfield, IL 62703

clinicalsystems@yahoo.com Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC #180-003070 Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes

Cokley, Sunderland & Cokley

Name & Main Office Address: Robert L. Cokley, Ph.D. Phone: (217) 422-0053 348 West Prairie Avenue, Suite Fax: (217) 422-0374

Decatur, IL 62522 Email:

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCSW- #149-000865, Doctorate Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Gary Lemmon and Associates, Inc.

Name & Main Office Address: (618) 378-3010 Gary L. Lemmon Phone: 904 E. Main Fax: (618) 378-2308 Norris City, IL 62869

Email: glemmon@shawneelink.net Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCSW-#149-00164, Clinical Member ATSA Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes



English



Macon

Gregory S. Viniard

Name & Main Office Address: Gregory S. Viniard (217) 529-2142 Phone: 3151 Butler (217) 529-2174 Fax:

Springfield, IL 62703 Email:

Services Provided:

Language(s): Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC #180-003061, Clinically Certified Treatment? Yes All treatment provider qualifications? Yes Forensic Counselor #F18393, Clinically Adult? Yes All evaluation provider qualifications? Yes Certified DV Counselor #F18394

All applicant attestation qualifications: Juvenile? Yes Yes

N. Dwayne Williams

Name & Main Office Address: N. Dwayne Williams Phone: (217) 877-8558 332 W. Marion, Suite 6 Fax: (217) 877-5758

Forsyth, IL 62535 indy1989@hotmail.com Email:

Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications:

IL LCPC #180-002801, AAMFT Clinical Licenses: Treatment? Yes All treatment provider qualifications? Yes Member

Yes

Adult? Yes All evaluation provider qualifications? Yes

All applicant attestation qualifications:

Yes Terry D. Campbell, MS

Name & Main Office Address: Terry D. Campbell, MS (217) 566-2552 Phone

P.O. Box 17 Fax: (217) 566-2552

Sherman, IL 62684 Email: campbell@warpnet.net Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LPC-#180-005797 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications?

Juvenile? All applicant attestation qualifications: No Yes

Macoupin

Juvenile?

Alternatives Counseling, Inc.

Name & Main Office Address: Donva Adkerson, MA Phone: (618) 288-8085 88 S. Main, Suite 2, P.O. Box 639 Fax:

(618) 288-8959 Glen Carbon, IL 62034 Email: donya2@aol.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC-180-000271 Treatment? Yes Yes All treatment provider qualifications?

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Bethany A. Munge, M.A., Q.M.H.P. Phone: (618) 288-8085 x202

88 S. Main, Suite 2, P.O. Box 639 Fax: (618) 288-8959

Glen Carbon, IL 62034 Fmail:

Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications: Licenses: None

Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? No Juvenile? Yes All applicant attestation qualifications: Yes

Bohlen & Associates, SC

Name & Main Office Address: Joseph G. Bohlen, MD, Ph.D. Phone: (217) 546-3100 3001 Spring Mill Drive, Suite D Fax: (217) 546-3284

Springfield, IL 62704 Email: Services Provided:

Language(s): English Yes Evaluations? Provider Meets the following qualifications:

IL Physicians & Surgeons Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

Juvenile? No All applicant attestation qualifications: Yes Licenses





Macoupin

Clinical Systems, Inc.

Name & Main Office Address: Louis M. Douglas Phone: (217) 529-2142

3151 Butler Fax: Springfield, IL 62703

Email: Idouglas@insightbb.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: LPC, CADC, CCJP, MISA II Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Michael G. Howie Phone: (217) 529-2142

3151 Butler Fax: (217) 529-2174 Springfield, IL 62703

Email: mhowie1@earthlink.net Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC

Treatment? No All treatment provider qualifications? No Adult? Yes All evaluation provider qualifications? Yes

Juvenile? No All applicant attestation qualifications: Yes Name & Main Office Address: Karen L. Streight Phone: (271) 529-2142

3151 Butler Fax: (217) 529-2174

Springfield, IL 62703 Email: clinicalsystems@yahoo.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC #180-003070 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Darlene M. Bushue, M.A., LCPC

Name & Main Office Address: #Error Phone: (618) 444-7736

> Fax: Email:

Services Provided: Language(s): English Provider Meets the following qualifications: Evaluations? Yes

IL LCPC 180-004485 Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications? Juvenile? No All applicant attestation qualifications: Yes

Gregory S. Viniard

Name & Main Office Address: Phone: (217) 529-2142 Gregory S. Viniard

3151 Butler Fax: (217) 529-2174 Springfield, IL 62703

Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC #180-003061, Clinically Certified Licenses: Treatment? Yes All treatment provider qualifications? Yes

Forensic Counselor #F18393, Clinically Adult? Yes All evaluation provider qualifications? Yes Certified DV Counselor #F18394

Yes

Madison

Juvenile?

Alternatives Counseling, Inc.

Yes

Name & Main Office Address: Donya Adkerson, MA Phone: (618) 288-8085

88 S. Main, Suite 2, P.O. Box 639 Fax: (618) 288-8959 Glen Carbon, IL 62034 Fmail: donya2@aol.com

Services Provided: Language(s): Evaluations? Yes Provider Meets the following qualifications:

All applicant attestation qualifications:

English Licenses: IL LCPC-180-000271 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes





Madison

Alternatives Counseling, Inc.

Name & Main Office Address: Bethany A. Munge, M.A., Q.M.H.P. (618) 288-8085 x202 Phone: 88 S. Main, Suite 2, P.O. Box 639 (618) 288-8959 Fax:

Glen Carbon, IL 62034 Services Provided:

Email:

Language(s): Evaluations? No Provider Meets the following qualifications:

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? No Juvenile? Yes All applicant attestation qualifications: Yes

English Licenses: None

IL 071-002307 & MO Psychologist

Daniel J. Cuneo, Ph.D.

Name & Main Office Address: Daniel J. Cuneo, Ph.D. Phone: (618) 277-5498 2217 W. Main

(618) 235-4316 Fax: Belleville, IL 62226 Email: dcuneo@charter.net

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Darlene M. Bushue, M.A., LCPC

Name & Main Office Address: #Error Phone (618) 444-7736

Fax: Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC 180-004485 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: No Yes

#Error

Kelle Divis

Phone: (314) 574-2083

(636) 379-1877 Fax:

Fmail: Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications: Licenses: IL LCPC Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Nο All applicant attestation qualifications:

Yes **Provident Counseling**

Name & Main Office Address:

Juvenile?

Name & Main Office Address: Phone: (314) 371-6500 x1127 Caroline M. Foss

> 2650 Olive Street Fax: (314) 371-6508 St. Louis, MO 63103

Yes

cfoss@providentc.org Fmail: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: None Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Nο Yes

(314) 802-2598 Name & Main Office Address: James M. Moll Phone: 2650 Olive Street Fax: (314) 371-6508

St. Louis, MO 63103 Fmail: jm@providentc.org Services Provided:

English Language(s): Evaluations? Yes Provider Meets the following qualifications: Licenses: None Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? No All applicant attestation qualifications: Yes





Madison

Provident Counseling

Name & Main Office Address: Margaret A. Schicker Phone: (314) 371-6500 2650 Olive Street Fax: (314) 371-6508

St. Louis, MO 63103 Email: margaret.schicker@providentc.org

Yes

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: **LCSW** Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

All applicant attestation qualifications:

Marion

Juvenile?

Alternatives Counseling, Inc.

No

Name & Main Office Address: Donya Adkerson, MA Phone: (618) 288-8085

88 S. Main, Suite 2, P.O. Box 639 Fax: (618) 288-8959 Glen Carbon, IL 62034 Email: donya2@aol.com

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC-180-000271 Licenses: Treatment? All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Yes

Juvenile? All applicant attestation qualifications: Yes Phone: Name & Main Office Address: Bethany A. Munge, M.A., Q.M.H.P. (618) 288-8085 x202

88 S. Main, Suite 2, P.O. Box 639 Fax: (618) 288-8959

Glen Carbon, IL 62034 Email:

Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications: Licenses: None

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes Nο All evaluation provider qualifications?

Juvenile? Yes All applicant attestation qualifications: Yes

Bohlen & Associates, SC

Name & Main Office Address: Joseph G. Bohlen, MD. Ph.D. Phone: (217) 546-3100

3001 Spring Mill Drive, Suite D Fax: (217) 546-3284

Springfield, IL 62704 Fmail:

Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes Licenses: IL Physicians & Surgeons

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes Yes

All evaluation provider qualifications? Juvenile? No All applicant attestation qualifications: Yes

Community Resource Center

Name & Main Office Address: Thomas Sims Phone: (618) 533-1391

101 S. Locust Street Fax: (618) 533-0012 Centralia, IL 62801 Fmail:

simstwo@yahoo.com Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications:

Licenses: IL LPC 178-003866 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? No Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Dale H. Spitler Phone: (618) 533-1391

101 S. Locust Street Fax: (618) 533-0012 Centralia, IL 62801

Fmail: Services Provided:

Language(s): Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCSW #149-003298, Academy of Certified Treatment? Yes All treatment provider qualifications? Yes Social Workers

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes





Marion

Effingham County Probation Office

 Name & Main Office Address:
 Sandy Taylor, MS, LCPC
 Phone:
 (217) 347-7931

 106 N. Third Street
 Fax:
 (217) 347-2001

Effingham, IL 62401-3456 Email: sandy_taylor9@yahoo.com

Services Provided: Email: sandy_taylor
Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: Lice

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? No All applicant attestation qualifications: Yes

Linda Stover and Associates

Name & Main Office Address: Linda Stover, M.S.Ed, LCPC, CCJS, CSOTS Phone: (618) 322-2811

417 E. Calumet Fax: (618) 532-6805
Centralia, IL 62801
Email: lstover@netwitz.net

Services Provided: Email: Istover@netw

Evaluations ? Yes Provider Meets the following qualifications: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC, Certified Criminal Justice Specialist,

ATSA Member, Certified Sex Offender
Adult? Yes All evaluation provider qualifications? Yes Treatment Specialist

Adult ? Yes All evaluation provider qualifications? Yes Treatment Specialist Juvenile ? Yes All applicant attestation qualifications: Yes

Marshall

Lutheran Social Services of Illinois

Name & Main Office Address: Dee Ann Foss Phone: (309) 671-0300 x271

3000 W. Rohmann West Fax: (309) 671-0503 Peoria, IL 61604

Services Provided: Email: deeanne.foss-reimers@lssi.org

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment 2: Yes All treatment provider qualifications? Yes Licenses: IL LCPC

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCP'
Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Yvonne Woitalik Phone: (309) 671-0300 x245

3000 W. Rohmann West Fax: (309) 671-0503 Peoria, IL 61604

Services Provided: Email: yvonne.wojtalik@lssi.org

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

P. F. Dover Counseling, LLC

Name & Main Office Address: James R. Seavey Phone: (309) 495-4924

538 N. Cherry Street Fax: (309) 495-4993 Galesburg, IL 61401

Services Provided: Email: jspfdovercounseling@yahoo.com

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC #180-001434

Adult ? Yes All evaluation provider qualifications? Yes

Juvenile ? Yes All applicant attestation qualifications: Yes

 Name & Main Office Address:
 Scott A. Smith
 Phone:
 (309) 477-2278

 538 N. Cherry Street
 Fax:
 (309) 477-3113

Galesburg, IL 61401

Services Provided:

Galesburg, IL 61401

Email: sspfdovercounseling@yahoo.com

Evaluations? Yes Provider Meets the following qualifications: Language(s): English
Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes



Services Provided:

Juvenile?

Juvenile?

Sex Offender Management Board Approved Provider List - By County

Yes

Yes

Yes

Fax:



Mason

Clinical Systems, Inc.

No

Yes

Yes

Name & Main Office Address: Louis M. Douglas Phone: (217) 529-2142 3151 Butler

Springfield, IL 62703

Email: Idouglas@insightbb.com

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: LPC, CADC, CCJP, MISA II Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Michael G. Howie Phone: (217) 529-2142

3151 Butler Fax: (217) 529-2174

Springfield, IL 62703 Email: mhowie1@earthlink.net Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC Treatment? No All treatment provider qualifications? No

Adult? Yes All evaluation provider qualifications? Yes

All applicant attestation qualifications:

Name & Main Office Address: Karen L. Streight Phone: (271) 529-2142 3151 Butler Fax: (217) 529-2174

Springfield, IL 62703 Email: clinicalsystems@yahoo.com

Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC #180-003070 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Yes

Lutheran Social Services of Illinois

Name & Main Office Address: Dee Ann Foss Phone: (309) 671-0300 x271 3000 W. Rohmann West Fax: (309) 671-0503

Peoria, IL 61604 Email: deeanne.foss-reimers@lssi.org

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications?

All applicant attestation qualifications:

Name & Main Office Address: Yvonne Wojtalik Phone: (309) 671-0300 x245 3000 W. Rohmann West

Fax: (309) 671-0503 Peoria, IL 61604

Fmail: yvonne.wojtalik@lssi.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: IL LCPC Licenses:

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes Yes All evaluation provider qualifications?

Juvenile? Yes All applicant attestation qualifications: Yes

Massac

Juvenile?

First Judicial Circuit of Illinois-Probation & Court Services

All applicant attestation qualifications:

Name & Main Office Address: Marlynn A. Frailey Phone: (618) 993-1840 201 W. Main Fax: (618) 993-1865

Marion, IL 62959 Email: mfrailey@firstcircuitprobation.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: CAC; IAODAPCA #6771

Treatment? No No All treatment provider qualifications? Adult? Yes All evaluation provider qualifications? Yes



Services Provided:

Sex Offender Management Board Approved Provider List - By County

Licenses:



Sexual Abuse Treatment Counselor, BS, MHP,

Medicaid, Child Welfare, Substance Abuse -

17 yrs experience

Agency, Individual

Massac

Massac County Mental Health

Name & Main Office Address: (618) 524-9368 Patricia Gillespie Phone: 206 W. 5th Street (618) 524-9551 Fax:

Metropolis, IL 62960 Email:

Language(s): Evaluations? No Provider Meets the following qualifications:

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? No

Juvenile? All applicant attestation qualifications: Yes Yes

Name & Main Office Address: Phone: (618) 524-9368 Yvonne J. Rath 206 W. 5th Street

Fax: (618) 524-9551 Metropolis, IL 62960 Email: mcmh@hcis.net

Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications: Licenses: IL LCPC, NCC, MAC, CCJS, PCGC, CARF, Yes All treatment provider qualifications? Yes Treatment?

Adult? No All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Michael E. Althoff, Ph.D.

Name & Main Office Address: Michael E. Althoff, Ph.D. Phone: (618) 549-3587 201 E. Main, Suite 3D (618) 549-2695 Fax:

Carbondale, IL 62901 mealthoff@aol.com Email:

Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes

IL LCP, IL Clinical Member - ATSA Licenses: Treatment? Yes All treatment provider qualifications?

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

McDonough

9th Judicial Circuit

Name & Main Office Address: Tve Adair Phone: (309) 837-2307

> 130 Lafayette, Suite 10 Fax: (309) 833-5570 Macomb, IL 61455

tadair@9thjudicial.org Fmail:

Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes Licenses: None Treatment? Yes All treatment provider qualifications? Yes

Adult? No All evaluation provider qualifications? Yes Yes All applicant attestation qualifications: Juvenile? Yes

Knox County Juvenile Detention Home - Court Services, 9th Judicia

Name & Main Office Address: Stewart Nvi Phone: (309) 342-2481 1319 E. 5th Fay:

(309) 343-7922 Galesburg, IL 61401 Fmail: snyi@9thjudicial.org

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC-180-001104 Treatment? Yes All treatment provider qualifications? Yes

Adult? No All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

McHenry

Affiliated Psychologists, LTD

Name & Main Office Address: Patrick Hoatlin, LCSW Phone: (773) 286-3100 4801 W. Peterson Avenue, Suite 525 Fax: (773) 777-7543

Chicago, IL 60646 Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCSW #149-011120 Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications? Juvenile? No All applicant attestation qualifications: Yes





McHenry

Affiliated Psychologists, LTD

Affiliated	Psycholo	gists, LTD				
Name & Main Office Address: Services Provided:		Barry M. Leavitt, Psy.D. 4801 W. Peterson Avenue, Suite 525 Chicago, IL 60646	Phone: Fax:	, ,	86-3100 77-7543	
		Chicago, in Coord		Email:	ckopen	y@ap-ltd.com
Evaluations?	Yes	Provider Meets the following qualifications:	•	Language	e(s): E	nglish
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		LCP, Hare Psychopathy Checklist (PCL-R)
Adult ?	Yes	All evaluation provider qualifications?	Yes		C	Certification
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main O	ffice Address:	Ray Quackenbush		Phone:	(773) 2	86-3100
		4801 W. Peterson Avenue, Suite 525		Fax:	(773) 7	77-7543
Services Provid	ed:	Chicago, IL 60646		Email:	quaq@	earthlink.net
Evaluations ?	Yes	Provider Meets the following qualifications:	•	Language	e(s): E	nglish
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:	: IL	Psychology License #091-006293, Clinical
Adult ?	Yes	All evaluation provider qualifications?	Yes		M	lember ATSA
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main O		Phil Reidda, Ph.D.		Phone:	(773) 2	86-3100
vario a main o	moe riddress.	4801 W. Peterson Avenue, Suite 525		Fax:		77-7543
		Chicago, IL 60646		Email:	` ,	y@ap-ltd.com
Services Provid						inglish
Evaluations?	Yes	Provider Meets the following qualifications:		Language Licenses:	` '	· •
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses.		 LCP, Hare Psychopathy Checklist (PCL-R Certification, Diplomat American Board
Adult ?	Yes	All evaluation provider qualifications?	Yes			rofessional Psychologists
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main O	ffice Address:	Laura T. Schultz, Psy.D.		Phone:	(773) 2	86-3100
		4801 W. Peterson Avenue, Suite 525 Chicago, IL 60646		Fax:	,	
Services Provid	ed:	Chicago, IL 00040		Email:		
Evaluations ? Yes		Provider Meets the following qualifications:		Language(s): Engl		nglish
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:	: IL	LCP
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main O		Pamela C. Van Wyk 4801 W. Peterson Avenue, Suite 525 Chicago, IL 60646		Phone: Fax:	(773) 7	21-7863 77-7543
Services Provid	ed:			Email:	•	1@illicom.net
Evaluations?	Yes	Provider Meets the following qualifications:	•	Language	. ,	inglish
Treatment ?	No	All treatment provider qualifications?	Yes	Licenses:		LCPC, IN-LMHC, AL-LMFT, ATSA Clinical 1ember
Adult ?	No	All evaluation provider qualifications?	Yes		IV	ichiber
Juvenile ?	No	All applicant attestation qualifications:	Yes			
<i>Alternati</i> ı	ve Behavi	ior Treatment Centers (AB)	TC)			
Name & Main O	ffice Address:	Michael Albert 27255 N. Fairfield Road	•	Phone: Fax:	` '	87-9455 87-9360
Services Provid	ed:	Mundelein, IL 60060		Email:	malbert	t@abtc-centers
Evaluations?	Yes	Provider Meets the following qualifications:	•	Language	e(s): E	nglish
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:	: IL	LPC
Adult ?	No	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main O		Jenny Anderson 27255 N. Fairfield Road Mundelein, IL 60060	100	Phone: Fax:	(847) 4	87-7905 87-9360
Services Provid	ed:			Email:		on@abtc-centers.org
Evaluations ?	No	Provider Meets the following qualifications:	:	Language	. ,	nglish
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:	: IL	LSW
i i catilicit :						
Adult?	Yes	All evaluation provider qualifications?	No			





McHenry

Alternative Behavior Treatment Centers (ABTC)

Name & Main Office Address: Services Provided:		Jenifer Brickman 27255 N. Fairfield Road Mundelein, IL 60060		Phone: (847) 487-9455 Fax: (847) 487-9360		
				Email: jbrickman@abtc-centers.org		
Evaluations?	Yes	Provider Meets the following qualifications:	:	Language(s): English		
Treatment? Yes		All treatment provider qualifications?	Yes	Licenses: IL LCSW-149-010065		
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C	Office Address:	Arturo Gudino, Jr.		Phone: (847) 487-9455 x226		
		715 Lake Street		Fax: (708) 386-8145		
Services Provid	lod:	Oak Park, IL 60301		Email: agudino@abtc-centers.org		
Evaluations?	No	Provider Meets the following qualifications		Language(s): English , Spanish		
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC#180-004330		
Adult?		·				
	Yes	All evaluation provider qualifications?	No			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	DI (0.47) 407.0455		
Name & Main O	mice Address:	Michael Igaravidez, Psy.D. 715 Lake Street		Phone: (847) 487-9455		
		Oak Park, IL 60301		Fax: (708) 386-8145		
Services Provid	led:			Email: migaravidez@abtc-centers.org		
Evaluations?	Yes	Provider Meets the following qualifications	:	Language(s): English		
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCP #071-006172		
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C	Office Address:	Theresa Jackson		Phone: (847) 487-9455		
		715 Lake Street		Fax: (708) 848-6176		
Services Provid	lod:	Oak Park, IL 60301		Email: tjackson@abtc-centers.org		
		Provider Moets the following qualifications		Language(s): English		
Evaluations?	No Voc	Provider Meets the following qualifications		Licenses: IL LSW-#150-006805		
Treatment?	Yes	All projection provider qualifications?	Yes			
Adult ?	Yes	All evaluation provider qualifications?	No			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	DI (0.47) 407.0455		
Name & Main O	mice Address:	Dawn Livorsi 27255 N. Fairfield Road		Phone: (847) 487-9455		
		Mundelein, IL 60060		Fax: (847) 487-9360		
Services Provid	led:			Email: dlivorsi@abtc-centers.org		
Evaluations?	Yes	Provider Meets the following qualifications	:	Language(s): English		
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: None		
Adult ?	No	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main O	Office Address:	Deborah May		Phone: (847) 487-9455		
		27255 N. Fairfield Road		Fax: (847) 487-9360		
Services Provid	led:	Mundelein, IL 60060		Email: dmay@abtc-centers.org		
Evaluations?	Yes	Provider Meets the following qualifications	:	Language(s): English		
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW		
Adult?	No	All evaluation provider qualifications?	Yes			
		All applicant attestation qualifications:	Yes			
Juvenile ?	Yes		168	Dhono: (947) 497 0455		
Name & Main C	nnce Address:	Robin McGinnis, MSW 27255 N. Fairfield Road		Phone: (847) 487-9455		
		Mundelein, IL 60060		Fax: (847) 487-9360		
Services Provid	led:	·		Email: rmcginnis@abtc-centers.org		
Evaluations?	No	Provider Meets the following qualifications	:	Language(s): English		
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: None		
Adult ?	No	All evaluation provider qualifications?	No			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			





McHenry

Alternative Behavior Treatment Centers (ABTC)

Name & Main Office Address: Services Provided:		Becky Palmer 715 Lake Street Oak Park, IL 60301		Phone: (708) 386-8145 x23 Fax: (708) 848-6176
		Can't and IL Coop't		Email: bpalmer802@aol.com
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?		Licenses: None
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Melissa Pannell		Phone: (847) 487-9455 x145
		27255 N. Fairfield Road		Fax: (847) 487-9360
Services Provia	led:	Mundelein, IL 60060		Email: mpannell@abtc-centers.org
Evaluations ?	Yes	Provider Meets the following qualification:	· ·	Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LPC, ABEL Certified
Adult?	Yes	All evaluation provider qualifications?	No	·
Juvenile ?	Yes		Yes	
Name & Main C		All applicant attestation qualifications:	162	Dhono: (0.47) 407 0.455 v.4.46
valle a Mail C	mice Address:	Lauren Parks 27255 N. Fairfield Road		Phone: (847) 487-9455 x146
		Mundelein, IL 60060		Fax: (847) 487-9360
Services Provid	led:			Email: lparks@abtc-centers.org
Evaluations?	Yes	Provider Meets the following qualification:	s:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Kevin J. Robson		Phone: (847) 487-9455 x165
		27255 N. Fairfield Road		Fax: (847) 487-9037
Services Provided:		Mundelein, IL 60060		Email: krobson@abtc-centers.org
Evaluations ? No		Provider Meets the following qualification:	s·	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: First Aid, CPR Part I, Surrogate PatientTraine
Adult ?	No	All evaluation provider qualifications?	No	-
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C		Eva San Pedro	100	Phone: (847) 487-9455
ramo a mam c	moo maarooo.	715 Lake Street		Fax: (708) 386-8145
		Oak Park, IL 60301		Email: esanpedro@abtc-centers.org
Services Provid				Language(s): English , Spanish
Evaluations?	No	Provider Meets the following qualification:		Licenses: None
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses. None
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Carolyn Seaman		Phone: (847) 487-9455 x135
		27255 N. Fairfield Road Mundelein, IL 60060		Fax: (847) 487-9360
Services Provid	led:	Wandelein, in 30000		Email: cseaman@abtc-centers.org
Evaluations ?	No	Provider Meets the following qualification:	s:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C		Natalie Seel		Phone: (847) 487-9455
and a man o		27255 N. Fairfield Road		Fax: (847) 487-9360
		Mundelein, IL 60060		Email: nseel@abtc-centers.org
Services Provid				-
Evaluations?	No	Provider Meets the following qualification:		
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: LSW
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	





McHenry

Alternative Behavior Treatment Centers (ABTC)

Name & Main Office Address:		Edgar F. Sherk 27255 N. Fairfield Road Mundelein, IL 60060		Phone: Fax:		487-9455 487-9360
Services Provid	ed:	Wandelen, ie 00000		Email:	eshei	rk@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications	s:	Language	e(s):	English
Freatment? Yes		All treatment provider qualifications?		Licenses:		IL LCSW #149-002963
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main O	ffice Address:	Susan Urban 27255 N. Fairfield Road Mundelein, IL 60060		Phone: Fax:	` ,	487-9455 487-9037
Services Provide	ed:	Wandelen, 12 00000		Email:	surba	an@abtc-centers.org
Evaluations?	Yes	Provider Meets the following qualifications	i:	Language	e(s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LCSW #149-011169
Adult ?	No	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main O	ffice Address:	Keef Weinstein 27255 N. Fairfield Road Mundelein, IL 60060		Phone: Fax: Email:	(847)	487-9455 487-9360 hstein@abtc-centers.org
Evaluations ?	Yes	Provider Meets the following qualifications		Language		English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LPC
Adult?		· · ·				
	Yes	All evaluation provider qualifications?	No			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	DI:	(0.17)	407.0455
Name & Main Office Address:		Karen Wolownik, MSW 27255 N. Fairfield Road Mundelein, IL 60060		Phone: Fax:	(847)	487-9455 487-9360
Services Provid	ed:			Email:		ownik@abtc-centers.org
Evaluations ? Yes		Provider Meets the following qualifications	: Langua	Language	e(s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL-LCSW #149-010954, CSW (Michigan), Certified Adolescent Sexual Offender Prof.
Adult ?	Yes	All evaluation provider qualifications?	Yes			Certified Adolescent Sexual Offender Pro
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Blain and	Associat	es P.C				
Name & Main O		Daun Blain 135 N. Greenleaf, Suite 204 Gurnee, IL 60031		Phone: Fax:	(847)	625-0980 x2 223-0887
Services Provid	ed:			Email:		_blain@yahoo.com
Evaluations?	No	Provider Meets the following qualifications	:	Language		English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL-LCPC-#180-000167
Adult ?	Yes	All evaluation provider qualifications?	No			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main O	ffice Address:	Gerald Blain P.O. Box 855 Grayslake, IL 60085		Phone: Fax:	(847)	791-5928 223-0887
Services Provid	ed:	,,		Email:		2@core.com
Evaluations?	Yes	Provider Meets the following qualifications	s:	Language	e(s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LCPC-#180-002267, LSW
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main O	ffice Address:	Adam Krieger P.O. Box 855 Grayslake, IL 60085		Phone: Fax:		791-5928 223-0887
Services Provid	ed:	, ,		Email:		
Evaluations?	Yes	Provider Meets the following qualifications	::	Language		English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LCSW
		AH 1 (
Adult ?	Yes	All evaluation provider qualifications?	No			





McHenry

Braden Counseling Center

Name & Main Office Address: Danielle Calsyn Phone: (815) 787-9000 2580 DeKalb Avenue (815) 787-9015 Fax:

Sycamore, IL 60178 Email: dcalsyn@frontiernet.net

Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Licenses: CADC #21278 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes Yes

Centegral HealthSystem/Horizons

Name & Main Office Address: Robert Meyer Phone: (815) 338-9199 527 W. South Street

Fax: (815) 338-9205 Woodstock, IL 60098 Email: rmeyer3@charter.net

Services Provided:

English Language(s): Evaluations? Yes Provider Meets the following qualifications:

Licenses: Ph.D., LCP, Fellow Academy of Forensic Treatment? No All treatment provider qualifications? No **Psychologist**

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Community Counseling Center, Ltd.

Jeffrey A. Martin Name & Main Office Address: (815) 338-7749 Phone

666 Russell Court, Suite 105 Fax: (815) 338-7728 Woodstock, IL 60098 Email: ccc@imaxx.net

Language(s):

English

Services Provided: Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCSW 149-003373 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Cornerstone Clinical Associates, Ltd.

Name & Main Office Address: Warren B. Matson Phone: (630) 871-0770

300 S. County Farm Road, #E Fax: (630) 871-0772 Wheaton, IL 60187

wmatson@email.com Fmail: Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes Licenses: LCPC, ATSA Yes

Treatment? All treatment provider qualifications? Yes Adult? Yes Yes

All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Yes

Forensic Psych Associates, Ltd.

Name & Main Office Address: Robert H. Gordon, Ph.D. Phone: (312) 917-1610 203 N. LaSalle Street, #2100 Fay: (608) 756-5174

Chicago, IL 60601 rgordon@forensicpsych.com

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCP Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Glenwood Testing Center

Yes

Juvenile?

Name & Main Office Address: Frank E. Cushing, Psy.D. Phone: (815) 968-8133

All applicant attestation qualifications:

2823 Glenwood Avenue Fax: (815) 968-4656 Rockford, IL 61101 fec@juno.com

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: IL LCP #071-002590 Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes



Fax:

English

IL LCP, Consulting Forensic Examiner



McHenry

Juvenile?

Juvenile?

Juvenile?

Juvenile?

Glenwood Testing Center

Yes

Yes

Yes

Yes

Name & Main Office Address: Kyle Cushing, Psy.D. (815) 968-5342 Phone: 2823 Glenwood Avenue (815) 968-4656 Fax: Rockford, IL 61101 Email: drcushing@juno.com Services Provided:

Language(s):

Evaluations? Yes Provider Meets the following qualifications: Licenses: Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Kids Hope United Name & Main Office Address: Kristan Cameron Phone: (847) 245-6570

(847) 245-6714 Lake Villa, IL 60046 Email: kcameron@kidshopeunited.org

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

All applicant attestation qualifications:

Licenses: IL LCPC 180-002580 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes No All evaluation provider qualifications?

215 N. Milwaukee Avenue

Name & Main Office Address: Shenandoah Cardwell Phone: (847) 245-6544

215 N. Milwaukee Avenue Fax: (847) 245-6714 Lake Villa, IL 60046

Email: scardwell.LCPC@comcast.net Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes

IL LCPC #180-001256, WI LPC #2906-125, Licenses: Treatment? Yes All treatment provider qualifications? NCC #22818

Yes

Yes

Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Denny Clouse, MSW, LCSW Phone: (847) 741-7140 1750 E. Main Street, Suite 40

Fax: (847) 741-2089 St. Charles, IL 60174

dclouse@kidshopeunited.org Email: Services Provided: Language(s): English

All applicant attestation qualifications:

All applicant attestation qualifications:

All applicant attestation qualifications:

Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCSW #149-005893, Clinical ATSA Treatment? Yes Yes

All treatment provider qualifications? Adult? Yes All evaluation provider qualifications? Yes

Name & Main Office Address: Thomas F. Hayes Phone: (630) 513-6277 x22

1750 East Main Street, Suite 40 Fax: (630) 513-4277

St. Charles, IL 60174 Fmail: thayes@kidshopeunited.org Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications:

IL LPC #178-003268 Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Nο

Name & Main Office Address: Dennis Kvrouac Phone: (847) 741-7140

1750 E. Main Street, Suite 40 Fax: (847) 741-2089 St. Charles, IL 60174 Fmail: dkyrouac@msn.com

Services Provided: Language(s): English Evaluations? No Provider Meets the following qualifications:

Licenses: IAODAPCA Counselor, CADC Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes No All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Phone: (847) 245-6547 Liza Simon-Roper 215 N. Milwaukee Avenue Fax: (847) 245-6714

Lake Villa, IL 60046 Isroper@kidshopeunited.org Email: Services Provided:

Language(s): Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCSW, WI LCSW, ATSA Member All treatment provider qualifications? Treatment? Yes Yes

Adult? Yes All evaluation provider qualifications? Yes





McHenry

Marcy Pritzen, LCSW

Name & Main Office Address: Marcy Pritzen, LCSW Phone: (847) 636-6364 3295 N. Arlington Heights Rd, Suite 103 (847) 398-6595 Fax:

Arlington Heights, IL 60004 Email: mpritzen@mindspring.com

Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCSW #149-005331 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes Yes

Northwest Treatment Associates

Name & Main Office Address: Carol Fetzner Phone: (815) 337-1234 645 McHenry Avenue

Fax: (815) 337-5653 Woodstock, IL 60098

Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC #180-000371, NCC 27767 Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? All evaluation provider qualifications? Yes No Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Patrick C. Littlejohn, MA, NCC, LCPC Phone: (815) 337-1234

645 McHenry Avenue Fax: (847) 608-8570

Woodstock, IL 60098 Email: pclittlejohn@hotmail.com Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes

IL LCPC, National Certified Counselor, Clinical Licenses: Treatment? Yes All treatment provider qualifications? Member-ATSA

Adult? No All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Phone: (815) 337-1234 Bonnie E. Marable

645 McHenry Avenue Fax: (847) 608-8572

Woodstock, IL 60098 Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCP #071-006480; IN Psychologist Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Nο All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Cheryl R. Runion Phone: (847) 608-8570 1185 Dundee Avenue, E-1

Fax: (847) 608-8576 Elgin, IL 60120 Fmail: j.runion@comcast.net

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC, CADC, CCJP, NCC Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications?

Juvenile? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Dr. Jim Webster, PsvD Phone: (815) 337-1234

1185 Dundee Avenue, E-1 Fax: (815) 337-5653

Elgin, IL 60120 Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: None Treatment? Yes All treatment provider qualifications? Yes

Adult? No Yes All evaluation provider qualifications?

All applicant attestation qualifications:

RITAS Ministry

Juvenile?

Name & Main Office Address: Judith "Jude" C. Skallerup Phone: (630) 966-0252 325 E. Galena Fax: (630) 966-0005

Aurora, IL 60505 Fmail:

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC-180-004615, CSOTS Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes





McHenry

Ronald B. Baron, M.D.

Name & Main Office Address: Ronald B. Baron, M.D. Phone: (847) 432-7007 2120 Sheridan Road

(847) 432-7034 Fax: Highland Park, IL 60035-2404 Email:

Services Provided:

Language(s): Evaluations? Yes Provider Meets the following qualifications:

Licenses: Certified Forensic Psychiatrist Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Welch, Psy.D., William H.

Name & Main Office Address: William H. Welch, Psy.D. Phone: (815) 316-7604

810 E. State Street, Suite 304 Fax: (815) 316-7614 Rockford, IL 61104

neuropsyd@gmail.com Email: Services Provided:

English Language(s): Evaluations? Yes Provider Meets the following qualifications:

IL LCP, ATSA Clinical Member, IL ATSA, Licenses: Treatment? Yes All treatment provider qualifications? Yes **CSOTS**

Adult? All evaluation provider qualifications? Yes Yes Juvenile? Yes All applicant attestation qualifications: Yes

William "Kip" Hillman, Psy.D.

Name & Main Office Address: William "Kip" Hillman, Psy.D. Phone (312) 933-0060

4064 N. Lincoln, #290 Fax: (773) 989-0275 Chicago, IL 60618

Fax:

(309) 452-5356

Email: kiphillman@yahoo.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL Psychology 071-003686 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications?

Juvenile? All applicant attestation qualifications: Yes Yes

McLean

ABC Counseling and Family Services

Name & Main Office Address: Lynn Willard, MA, MSW Phone: (309) 451-9495 705 E. Lincoln

Fax: (309) 451-9404 Normal, IL 61761 Email: lwillard@abccounseling.org

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC #180-004238 Treatment? Yes Yes All treatment provider qualifications?

Adult? No All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Yes

Art Therapy and Counseling Services

Name & Main Office Address: Laurie A. Cox Phone: (309) 452-5326 101 E. College Avenue, Suite D

Normal, IL 61761 coxlaurie@msn.com Email: Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes

Licenses: IL LCPC, CADC Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes

All applicant attestation qualifications:

All applicant attestation qualifications:

Bohlen & Associates, SC

No

Juvenile?

Juvenile?

Name & Main Office Address: Joseph G. Bohlen, MD, Ph.D. Phone: (217) 546-3100 3001 Spring Mill Drive, Suite D Fax: (217) 546-3284

Springfield, IL 62704 Email: Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Licenses: IL Physicians & Surgeons Treatment?

Yes All treatment provider qualifications? Yes Adult? Yes Yes All evaluation provider qualifications?

Yes





McLean

Juvenile?

Juvenile?

Juvenile?

No

No

No

BroMenn Hospital-Twin Cities Behavioral Health

Name & Main Office Address: Brian Heatherton, Ph.D. Phone: (309) 268-3542
202 E. Locast Street Fax: (309) 268-2323
Bloomington, IL 61701
Email: bheatherto@aol.com

Services Provided: Email: bheatherto@:

Evaluations ? Yes Provider Meets the following qualifications: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: LCP- IL and IN, Certified Substance Abuse

Adult? Yes All evaluation provider qualifications? Yes Professional, Affiliate Association for Treatment of the Sexual Abuser

Juvenile? Yes All applicant attestation qualifications: Yes

BroMenn Medical Group - Twin Cities Behavioral Health

 Name & Main Office Address:
 Cheryi L. Miller
 Phone:
 (309) 268-3529

 403 W. Virginia
 Fax:
 (309) 268-2323

 Normal, IL 61761
 Email:
 cmiller@bromenn.org

Services Provided: Email: cmiller@bro

All applicant attestation qualifications:

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCP #071-006052, clinical member APA, member of ATSA, member AASECT

Adult? Yes All evaluation provider qualifications? Yes

Yes

Yes

Yes

Community Resource and Counseling Center

 Name & Main Office Address:
 Laurelyn Cropek
 Phone:
 (217) 379-4302

 P.O. Box 162
 Fax:
 (217) 379-4304

Paxton, IL 60957

Services Provided:

Paxton, IL 60957

Email: crcc@illicom.net

Evaluations? No Provider Meets the following qualifications: Language(s): English

Treatment ? Yes All treatment provider qualifications? Yes Licenses: IL LCSW-149-005667

Adult? Yes All evaluation provider qualifications? No Juvenile? No All applicant attestation qualifications: Yes

Name & Main Office Address: Laurie A. Gilbert Phone: (217) 379-4302
P.O. Box 162
Paxton, IL 60957
Phone: (217) 379-4304
Fax: (217) 379-4304

Services Provided: Email: lgilbert@4crcc.org

Evaluations? Yes Provider Meets the following qualifications: Language(s): English
Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW-149-010484

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Christine Mayer Phone: (217) 379-4302

P.O. Box 162
Paxton, IL 60957

Services Provided:

P.O. Box 162
Fax: (217) 379-4304
Email: ccrc@illicom.net

Evaluations? No Provider Meets the following qualifications: Language(s): English

All applicant attestation qualifications:

All applicant attestation qualifications:

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW-149.009275

Adult? Yes All treatment provider qualifications? Yes Electronic Treatment Provider qualifications? No

 Name & Main Office Address:
 Jeffrey C. Reynolds
 Phone:
 (217) 379-4302

 P.O. Box 162
 Fax:
 (217) 379-4304

Paxton, IL 60957

Services Provided: Fax: (217) 613 4034

Services Provided: jreynolds@4crcc.org

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC #180-004199

Adult? Yes All evaluation provider qualifications? Yes

Generated: 2006 June 23 Page 141 of 204 rpt_somb_ap_by_county





McLean

Lutheran Social Services of Illinois

Lutheran	Social Se	ervices of Illinois		
Name & Main O	ffice Address:	Dee Ann Foss 3000 W. Rohmann West Peoria, IL 61604		Phone: (309) 671-0300 x271 Fax: (309) 671-0503
Services Provide	ed:	r eona, il 01004		Email: deeanne.foss-reimers@lssi.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC
Adult ?	Yes		Yes	
Juvenile ?	Yes	·	Yes	
Name & Main O	ffice Address:	Yvonne Wojtalik 3000 W. Rohmann West Peoria, IL 61604		Phone: (309) 671-0300 x245 Fax: (309) 671-0503
Services Provide	ed:	·		Email: yvonne.wojtalik@lssi.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Onarga A	cademy			
Name & Main Office Address:		Rebecca Cunningham 104 N. Locust Onarga, IL 60955		Phone: (815) 268-4001 Fax: (815) 268-7977 Email: rcunnin@nexus-ona.org
Services Provide				
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English Licenses: IL LCPC #180-001150
Treatment ?	Yes	' '	Yes	Licenses: IL LCPC #180-001150
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main O Services Provide		William D. Featherstone 104 N. Locust Onarga, IL 60955		Phone: (815) 268-4001 Fax: (815) 268-7977 Email: bfeathe@nexus-ona.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	• ,	Yes	Licenses:
Adult ?	No	· ·	Yes	
Juvenile ?	Yes	· · ·	Yes	
Name & Main O	ffice Address:	Douglas C. Gossett, M.A., LCPC 104 N. Locust Onarga, IL 60955		Phone: (815) 268-4001 Fax: (815) 268-7977
Services Provide	ed:	Charga, 12 00000		Email: dgossset@nexus-ona.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	• ,	Yes	Licenses: IL LCPC #180-005298
Adult ?	No	·	Yes	
Juvenile ?	Yes	· · · ·	Yes	
Name & Main O		Jamie Kozma 104 N. Locust		Phone: (815) 268-4001 Fax: (815) 268-7977
Cominos Deside	o de	Onarga, IL 60955		Email: jkozma@nexus-ona.org
Services Provide		Describe March that ()		Language(s): English
Evaluations?	Yes	Provider Meets the following qualifications:	.,	Licenses: IL LCPC
Treatment ?	Yes	' '	Yes	LICCINGCO. IL LOI C
Adult ?	No	' '	Yes	
Juvenile ?	Yes		Yes	
Name & Main O	ffice Address:	Bill Mitchell 104 N. Locust Onarga, IL 60955		Phone: (815) 268-4001 Fax: (815) 268-7977
Services Provide	ed:	-		Email: wmitche@nexus-ona.org
Evaluations ?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	





McLean

Onarga Academy

Onarga A	l <i>cademy</i>			
Name & Main C	Office Address:	Karen Robertie 104 N. Locust Onarga, IL 60955		Phone: (815) 268-4001 Fax: (815) 268-7977
Services Provid	led:	Ollarga, IL 00900		Email: krobert@nexus-ona.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC 180-005314
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Michael D. Simpson 104 N. Locust		Phone: (815) 268-4001 Fax: (815) 268-7977
Services Provid	led:	Onarga, IL 60955		Email: msimpso@nexus-ona.org
Evaluations ?	Yes	Provider Meets the following qualifications:	•	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC 180-005921
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C		Tricia Renee St. Pierre	103	Phone: (815) 268-4001
Name & Main C	mice Address.	104 N. Locust		Fax: (815) 268-7977
		Onarga, IL 60955		` '
Services Provid	led:			Email: tstpier@nexus-ona.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: NCC
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Ryan Weidenbenner		Phone: (815) 268-4001
		104 N. Locust		Fax: (815) 268-7977
Services Provid	led:	Onarga, IL 60955		Email: rweiden@nexus-ong.org
Evaluations?	Yes	Provider Meets the following qualifications:	_	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Timothy E. White 104 N. Locust Onarga, IL 60955		Phone: (815) 268-4001 Fax: (815) 268-7977
Services Provid	led:	-		Email: twhite@nexus-ona.org
Evaluations?	Yes	Provider Meets the following qualifications:	:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
P. F. Dov	er Counse	eling, LLC		
Name & Main C		James R. Seavey 538 N. Cherry Street Galesburg, IL 61401		Phone: (309) 495-4924 Fax: (309) 495-4993
Services Provid	led:			Email: jspfdovercounseling@yahoo.com
Evaluations?	Yes	Provider Meets the following qualifications:	•	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC #180-001434
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Scott A. Smith 538 N. Cherry Street Galesburg, IL 61401		Phone: (309) 477-2278 Fax: (309) 477-3113 Email: confidence company and a company an
Services Provid	led:			Email: sspfdovercounseling@yahoo.com
Evaluations?	Yes	Provider Meets the following qualifications:	•	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	



Services Provided:

Sex Offender Management Board Approved Provider List - By County

Yes

Yes

Yes

Yes

Yes

Yes



McLean

Seth Robert Hatlelid, Psy.D.

Name & Main Office Address: Seth Robert Hatlelid, Psy.D.

403 W. Virginia

Normal, IL 67161

Evaluations? Yes Provider Meets the following qualifications: Treatment? Yes

All treatment provider qualifications? Yes All evaluation provider qualifications?

Adult? Juvenile? All applicant attestation qualifications: No

(309) 268-2112 Phone: (309) 268-2323 Fax:

Email: napkins@mac.com Language(s): English

Licenses: IL LCP

Menard

Bohlen & Associates, SC

Name & Main Office Address: Joseph G. Bohlen, MD, Ph.D.

3001 Spring Mill Drive, Suite D

Springfield, IL 62704

Services Provided:

Services Provided:

Services Provided:

Evaluations? Yes Provider Meets the following qualifications:

Treatment? Yes All treatment provider qualifications? Adult? Yes All evaluation provider qualifications?

Juvenile? All applicant attestation qualifications: Phone: (217) 546-3100 Fax: (217) 546-3284

Email:

Phone:

Email:

Language(s):

Licenses:

Phone:

Fax:

Fmail:

Language(s):

Licenses:

Language(s): English

Licenses: IL Physicians & Surgeons

(217) 529-2142

Idouglas@insightbb.com

LPC, CADC, CCJP, MISA II

English

(217) 529-2142

(217) 529-2174

mhowie1@earthlink.net

IL LCPC #180-003070

English

IL LCPC

Clinical Systems, Inc.

Name & Main Office Address: Louis M. Douglas

3151 Butler

Springfield, IL 62703

Fax:

Services Provided:

Evaluations? Yes Provider Meets the following qualifications:

Treatment? Yes All treatment provider qualifications? Yes Yes

Adult? Yes All evaluation provider qualifications? All applicant attestation qualifications: Juvenile? Yes Yes

Name & Main Office Address: Michael G. Howie

3151 Butler

Springfield, IL 62703

Provider Meets the following qualifications:

Evaluations? Yes Treatment? Nο All treatment provider qualifications? No Yes

Adult? Yes All evaluation provider qualifications? Juvenile? No All applicant attestation qualifications:

Name & Main Office Address: Karen L. Streight

3151 Butler

Springfield, IL 62703

Phone:

Licenses:

(271) 529-2142

Fax: (217) 529-2174

Email: clinicalsystems@yahoo.com

Language(s):

Yes

Evaluations? Yes Provider Meets the following qualifications: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes

All applicant attestation qualifications: Yes

Gregory S. Viniard

Name & Main Office Address: Gregory S. Viniard Phone: (217) 529-2142 3151 Butler Fax: (217) 529-2174

Springfield, IL 62703

Services Provided:

Language(s): Evaluations? Yes Provider Meets the following qualifications: Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes Fmail:

IL LCPC #180-003061, Clinically Certified

Forensic Counselor #F18393, Clinically Certified DV Counselor #F18394



Services Provided:

Sex Offender Management Board Approved Provider List - By County



Mercer

Caparulo and Associates

Name & Main Office Address:	Richard Johnson, MS.Ed., DABFE	Phone:	(309) 788-6030
	1622 38th Street, Suite 108 Rock Island, IL 61201	Fax:	(309) 793-5130
Services Provided:	ROCK ISIATIO, IL 01201	Email:	rjohnson@qconline.com

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: Treatment? Yes Yes

All treatment provider qualifications? Adult? No All evaluation provider qualifications? Yes

Juvenile? All applicant attestation qualifications: Yes Yes

Board Certified Forensic Examiner, DABFE

#13317

Illinois	Youth	Center	(IYC)	-	Kewanee
----------	-------	--------	-------	---	---------

Name & Main Office Address:	David Allred (IDOC)	Phone:	(309) 852-3651
	2021 Kentville Road, P.O. Box 518	Fax:	(309) 852-3515
Services Provided:	Kewanee, IL 61443	Email:	

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: IL LCPC #180-001084 Licenses:

Treatment? Yes All treatment provider qualifications? Yes Adult? All evaluation provider qualifications? No Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: (309) 852-3651 Stacey Andrews Phone: 2021 Kentville Road, P.O. Box 518

(309) 852-3515 Fax: Kewanee, IL 61443 Email:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes IL LCSW Licenses: Treatment? Yes All treatment provider qualifications?

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Victor A. Kersey Phone: (309) 852-3651 2021 Kentville Road, P.O. Box 518 Fax: (309) 852-3515

Kewanee, IL 61443 Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: None

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes Yes All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Katrina Maddox Phone: (309) 852-3651 2021 Kentville Road, P.O. Box 518 Fax: (309) 852-3515

Kewanee, IL 61443 Fmail: psychgirl75@sbcglobal.net

Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: IL LPC #178-004175; NCC-National Certified Licenses: Treatment? Yes All treatment provider qualifications? Yes Counselor

Adult? Yes Yes All evaluation provider qualifications?

Juvenile? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Robert E. Olt Phone: (309) 852-3651 2021 Kentville Road, P.O. Box 518 Fax: (309) 852-3515

Kewanee, IL 61443 Services Provided:

Email: Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: NCC; LCPC Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Lisa L. Potter Phone: (309) 852-3651 2021 Kentville Road, P.O. Box 518 Fax: (309) 852-3515 Kewanee, IL 61443

Email: lpotter9@aol.com Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: MS, MHP Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes Yes





Mercer

Illinois Youth Center (IYC) - Kewanee

		•				
Name & Main C	Office Address:	Kenneth G. Queen 2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443		Phone: Fax:	` ,	852-3651 852-3515
Services Provid	led:			Email:		
Evaluations?	Yes	Provider Meets the following qualifications	:	Language	e(s):	English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:		II LPC 178-004103
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C	Office Address:	Petrita Salazar		Phone:	(309)	852-3651
		2021 Kentville Road, P.O. Box 518		Fax:	(309)	852-3515
Services Provid	led:	Kewanee, IL 61443		Email:		
Evaluations ?	Yes	Provider Meets the following qualifications	:	Language	e(s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		None
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C	Office Address:	Jeffrey P. L. Sim		Phone:	(309)	852-3651
		2021 Kentville Road, P.O. Box 518		Fax:	(309)	852-3515
Services Provid	led:	Kewanee, IL 61443		Email:		
Evaluations?	Yes	Provider Meets the following qualifications	:	Language	e(s):	English
Treatment ?	Yes	All treatment provider qualifications?	No	Licenses:		IL LCP #071-007028
Adult ?	Yes	All evaluation provider qualifications?	No			
		·				

Robert Young Center for Community Mental Health

All applicant attestation qualifications:

Name & Main Office Address:		Lisa Curry 4600 3rd Street		`	9) 779-2038 9) 779-2167
Services Provid	ded:	Moline, IL 61265		Email: curr	ylctrinityqc.com
Evaluations?	Yes	Provider Meets the following qualification	ıs:	Language(s):	English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:	IL LCSW-149-005922, LISW-lowa
Adult ?	Yes	All evaluation provider qualifications?	Yes		
Juvenile?	Yes	All applicant attestation qualifications:	Yes		
Name & Main C	Office Address:	Scott Stange 4600 3rd Street Moline, IL 61265		Fax: (309	9) 779-2031 9) 779-2167
Services Provid	led:			Email: stan	ge@trinityqc.com
Evaluations?	Yes	Provider Meets the following qualification	is:	Language(s):	English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:	IL LCSW, LISW, Clinical Member ATSA
Adult ?	Yes	All evaluation provider qualifications?	Yes		
Juvenile?	Yes	All applicant attestation qualifications:	Yes		

Monroe

Juvenile?

Alternatives Counseling, Inc.

		3 ,				
Name & Main Office Address:		Donya Adkerson, MA	Donya Adkerson, MA			
		88 S. Main, Suite 2, P.O. Box 639		Fax: (618	(618) 288-8959 : donya2@aol.com	
Services Provid	led:	Glen Carbon, IL 62034		Email: don		
Evaluations?	Yes	Provider Meets the following qualification	ns:	Language(s):	English	
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:	IL LCPC-180-000271	
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile?	Yes	All applicant attestation qualifications:	Yes			





Monroe

Alternatives Counseling, Inc.

Name & Main Office Address: Bethany A. Munge, M.A., Q.M.H.P. (618) 288-8085 x202 Phone: 88 S. Main, Suite 2, P.O. Box 639 (618) 288-8959 Fax:

Glen Carbon, IL 62034 Services Provided:

Email:

Language(s): English Evaluations? No Provider Meets the following qualifications: Licenses: None Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? No Juvenile? Yes All applicant attestation qualifications: Yes

Daniel J. Cuneo, Ph.D.

Name & Main Office Address: Daniel J. Cuneo, Ph.D. Phone: (618) 277-5498 2217 W. Main Fax:

(618) 235-4316 Belleville, IL 62226 Email: dcuneo@charter.net Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL 071-002307 & MO Psychologist Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Provident Counseling

Name & Main Office Address: Caroline M. Foss (314) 371-6500 x1127 Phone:

2650 Olive Street Fax: (314) 371-6508

St. Louis, MO 63103 Email: cfoss@providentc.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: None

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

Juvenile? All applicant attestation qualifications: No Yes

Name & Main Office Address: James M. Moll Phone: (314) 802-2598 2650 Olive Street Fax: (314) 371-6508

St. Louis, MO 63103 Email: jm@providentc.org Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Licenses: None Treatment? All treatment provider qualifications? Yes Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? No All applicant attestation qualifications: Yes

Name & Main Office Address: Margaret A. Schicker Phone: (314) 371-6500 2650 Olive Street Fax: (314) 371-6508

St. Louis, MO 63103 Email: margaret.schicker@providentc.org

Services Provided: English Language(s):

Evaluations? Yes Provider Meets the following qualifications: Licenses: **LCSW**

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

Juvenile? No All applicant attestation qualifications: Yes

Montgomery Alternatives Counseling, Inc.

Name & Main Office Address: Donya Adkerson, MA Phone: (618) 288-8085 88 S. Main, Suite 2, P.O. Box 639

Fax: (618) 288-8959 Glen Carbon, IL 62034 Fmail: donya2@aol.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC-180-000271 Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes





Montgomery

Alternatives Counseling, Inc.

Name & Main Office Address: Bethany A. Munge, M.A., Q.M.H.P. (618) 288-8085 x202 Phone: 88 S. Main, Suite 2, P.O. Box 639 (618) 288-8959 Fax:

Glen Carbon, IL 62034 Services Provided:

Email:

Language(s): English Evaluations? No Provider Meets the following qualifications: Licenses: None Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes

No

Bohlen & Associates, SC

Name & Main Office Address: Joseph G. Bohlen, MD, Ph.D. Phone: (217) 546-3100

3001 Spring Mill Drive, Suite D Fax: (217) 546-3284 Springfield, IL 62704

Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL Physicians & Surgeons Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? No All applicant attestation qualifications: Yes

Clinical Systems, Inc.

Name & Main Office Address: Louis M. Douglas Phone: (217) 529-2142

3151 Butler Fax: Springfield, IL 62703

Email: Idouglas@insightbb.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: LPC, CADC, CCJP, MISA II Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Yes Yes

Name & Main Office Address: (217) 529-2142 Michael G. Howie Phone:

3151 Butler Fax: (217) 529-2174

Springfield, IL 62703 Fmail: mhowie1@earthlink.net Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC Licenses: Treatment? All treatment provider qualifications? No No

Adult? Yes All evaluation provider qualifications? Yes Juvenile? No All applicant attestation qualifications: Yes

Name & Main Office Address: Karen L. Streight Phone: (271) 529-2142 3151 Butler Fax: (217) 529-2174

Springfield, IL 62703 Email: clinicalsystems@yahoo.com Services Provided:

English Language(s): Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC #180-003070 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Darlene M. Bushue, M.A., LCPC

Name & Main Office Address: #Error Phone: (618) 444-7736

Fax: Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC 180-004485 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? No All applicant attestation qualifications: Yes





Montgomery

Effingham County Probation Office

Name & Main Office Address: Sandy Taylor, MS, LCPC Phone: (217) 347-7931 106 N. Third Street Fax: (217) 347-2001

Effingham, IL 62401-3456 Email: sandy_taylor9@yahoo.com

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC #180-005527 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes No

Gregory S. Viniard

Name & Main Office Address: Gregory S. Viniard Phone: (217) 529-2142

3151 Butler Fax: (217) 529-2174 Springfield, IL 62703

Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC #180-003061, Clinically Certified Licenses: Treatment? Yes All treatment provider qualifications? Yes Forensic Counselor #F18393, Clinically

Email:

Adult? All evaluation provider qualifications? Yes Yes Certified DV Counselor #F18394 Juvenile? Yes All applicant attestation qualifications: Yes

<u>Morgan</u>

Juvenile?

Yes

Bohlen & Associates, SC

Name & Main Office Address: Joseph G. Bohlen, MD, Ph.D. Phone: (217) 546-3100

3001 Spring Mill Drive, Suite D (217) 546-3284 Fax: Springfield, IL 62704

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL Physicians & Surgeons Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Yes

Juvenile? All applicant attestation qualifications: No

Clinical Systems, Inc.

Name & Main Office Address: Louis M. Douglas Phone: (217) 529-2142 3151 Butler

Fax: Springfield, IL 62703

Email: Idouglas@insightbb.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: LPC, CADC, CCJP, MISA II

Treatment? Yes Yes All treatment provider qualifications?

Adult? Yes All evaluation provider qualifications? Yes

All applicant attestation qualifications: Juvenile? Yes Yes Name & Main Office Address: Michael G. Howie Phone: (217) 529-2142

3151 Butler Fay: (217) 529-2174

Springfield, IL 62703 Fmail: mhowie1@earthlink.net Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC Treatment? No All treatment provider qualifications? No Adult? Yes All evaluation provider qualifications? Yes

All applicant attestation qualifications:

Juvenile? Nο All applicant attestation qualifications: Yes Name & Main Office Address:

Karen L. Streight Phone: (271) 529-2142 3151 Butler Fax: (217) 529-2174 Springfield, IL 62703

Fmail: clinicalsystems@yahoo.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC #180-003070 Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

Generated: 2006 June 23 Page 149 of 204 rpt_somb_ap_by_county

Yes





Morgan

Gregory S. Viniard

Name & Main Office Address: Gregory S. Viniard (217) 529-2142 Phone: 3151 Butler

(217) 529-2174 Fax: Springfield, IL 62703 Email:

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC #180-003061, Clinically Certified All treatment provider qualifications? Treatment? Yes Yes Forensic Counselor #F18393, Clinically Adult? Yes All evaluation provider qualifications? Yes Certified DV Counselor #F18394

All applicant attestation qualifications: Juvenile? Yes Yes

Midwest Counseling

Name & Main Office Address: Bryan Denure Phone: (309) 241-0885

15 S. Capitol, Suite 207 Fax: Pekin, IL 61554 Email:

Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications:

Licenses: IL LPC #180-005002, CRADC Treatment? Yes All treatment provider qualifications? Yes

Adult? All evaluation provider qualifications? No Yes Juvenile? No All applicant attestation qualifications: Yes

Name & Main Office Address: Keir L. Goatley Phone: (217) 726-8744

917 Clocktower Dr. #420 Fax: Springfield, IL 62704

Email: kgoatley@ameritech.net Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes

IL LCPC-#180-004321, (IDPR), CCBT, ATLSA, Licenses: Treatment? Yes All treatment provider qualifications?

IL-ATSA Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Gil Pilapil Phone: (309) 241-0885

> 15 S. Capitol, Suite 207 Fax: Pekin, IL 61554

Email: Services Provided:

Language(s): English Evaluations? Nο Provider Meets the following qualifications: None

Licenses: Treatment? Yes All treatment provider qualifications? Yes Adult? No Yes All evaluation provider qualifications?

All applicant attestation qualifications:

All applicant attestation qualifications:

No Terry D. Campbell, MS

Name & Main Office Address: Terry D. Campbell, MS Phone: (217) 566-2552 P.O. Box 17 Fax: (217) 566-2552

Sherman, IL 62684 Email: campbell@warpnet.net

Yes

Yes

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LPC-#180-005797

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Moultrie

Juvenile?

Cokley, Sunderland & Cokley

No

Name & Main Office Address: Robert L. Cokley, Ph.D. Phone: (217) 422-0053 348 West Prairie Avenue, Suite

Fax: (217) 422-0374

Decatur, IL 62522 Fmail: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCSW- #149-000865, Doctorate Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Generated: 2006 June 23 Page 150 of 204 rpt_somb_ap_by_county





Oale

Alliances Counseling Services

Name & Main Office Address:	Ronelle Allen 119 W. First Street, Suite 110	Phone:	(815) 285-3073
		Fax:	(815) 285-3103
Services Provided:	Dixon, IL 61021	Email:	alliances@cin.net

Language(s): English Evaluations? Yes Provider Meets the following qualifications: IL LCPC Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Yes Yes

Name & Main Office Address: Brian Smith Phone: (815) 285-3073

119 W. First Street, Suite 110 Fax: (815) 285-3103 Dixon, IL 61021 Email: alliances@cin.net

Yes

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCSW Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

All applicant attestation qualifications:

Braden Counseling Center

Yes

Juvenile?

Juvenile?

Yes

Name & Main Office Address: Danielle Calsyn Phone: (815) 787-9000 2580 DeKalb Avenue Fax: (815) 787-9015

Sycamore, IL 60178 Email: dcalsyn@frontiernet.net Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes CADC #21278 Licenses: Treatment? Yes All treatment provider qualifications?

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Community Counseling Center, Ltd.

Name & Main Office Address: Jeffrey A. Martin Phone: (815) 338-7749 666 Russell Court, Suite 105 Fax: (815) 338-7728 Woodstock, IL 60098

Email: ccc@imaxx.net Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCSW 149-003373 Licenses: Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Family Services Agency of DeKalb County, Inc.

Name & Main Office Address: Kathleen M. Alberts, MSW, LCPC Phone: (815) 758-8618 14 Health Services Drive (815) 758-7569 Fax: DeKalb, IL 60115

Email: Services Provided:

Language(s): Evaluations? Yes Provider Meets the following qualifications:

IL LCPC #180-004462; Certified Sex Offender Licenses: Treatment? Yes All treatment provider qualifications? Yes Tx Specialist

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Family, Divorce & Mediation of Ogle County

Name & Main Office Address: Kathleen M. Alberts, MSW, LCPC Phone: (815) 562-8818 1500 West Lincoln Avenue Fax: (815) 562-8818 Rochelle, IL 61068

Fmail: Services Provided:

Language(s): Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC #180-004462; Certified Sex Offender Treatment? Yes All treatment provider qualifications? Yes Tx Specialist Adult?

Yes

Yes All evaluation provider qualifications? Yes

All applicant attestation qualifications:

Generated: 2006 June 23 Page 151 of 204 rpt_somb_ap_by_county





Oale

Forensic Psych Associates, Ltd.

Name & Main Office Address: Robert H. Gordon, Ph.D. Phone: (312) 917-1610 203 N. LaSalle Street, #2100 (608) 756-5174 Fax:

Chicago, IL 60601 Email: rgordon@forensicpsych.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCP

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Glenwood Testing Center

Name & Main Office Address: Frank E. Cushing, Psy.D. Phone: (815) 968-8133 2823 Glenwood Avenue Fax: (815) 968-4656 Rockford, IL 61101

Services Provided:

Email: fec@juno.com Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCP #071-002590 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Kyle Cushing, Psy.D. Phone: (815) 968-5342 2823 Glenwood Avenue Fax: (815) 968-4656

Rockford, IL 61101 Email: drcushing@juno.com Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes

IL LCP, Consulting Forensic Examiner Licenses: Treatment? Yes All treatment provider qualifications?

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Jeffrey B. Sundberg

Name & Main Office Address: (815) 332-8342 Phone: Jeffrey B. Sundberg

P. O. Box 17044, 610 A East State Street Fax: (815) 332-8342

Rockford, IL 61110 Services Provided:

Email:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCSW #149-003876, ACSW, ATSA Member Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Welch, Psy.D., William H.

Name & Main Office Address: William H. Welch, Psy.D. Phone: (815) 316-7604 810 E. State Street, Suite 304 Fax: (815) 316-7614 Rockford, IL 61104

Email: neuropsyd@gmail.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCP, ATSA Clinical Member, IL ATSA, Treatment? Yes All treatment provider qualifications? Yes

Yes

English

All applicant attestation qualifications:

CSOTS Adult? Yes All evaluation provider qualifications? Yes

Peoria

Juvenile?

Advanced Behavioral Health

Yes

Name & Main Office Address: W. Christopher Tolen, Psy.D. Phone: (309) 342-6852 2101 Windish Drive, Suite 100 Fax: (309) 344-0071 Galesburg, IL 61401 drtolen@byu.net Services Provided:

Language(s): Evaluations? Yes Provider Meets the following qualifications: IL LCP #071-006296 Licenses: Treatment? Nο All treatment provider qualifications? Nο

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes



Services Provided:

Juvenile?

Sex Offender Management Board Approved Provider List - By County



Peoria

Art Therapy and Counseling Services

Name & Main Office Address: Laurie A. Cox

(309) 452-5326 Phone: 101 E. College Avenue, Suite D Fax: (309) 452-5356

Normal, IL 61761

Email: coxlaurie@msn.com English

Language(s): Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC, CADC Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Bohlen & Associates, SC

Name & Main Office Address: Joseph G. Bohlen, MD, Ph.D. Phone: (217) 546-3100

3001 Spring Mill Drive, Suite D Fax: (217) 546-3284

Springfield, IL 62704 Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL Physicians & Surgeons Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? No All applicant attestation qualifications: Yes

Camelot Community Care

Yes

Name & Main Office Address: Tracey Hutchison Phone: (309) 342-7548

5901 N. Prospect Road Fax:

Peoria, IL 61614 Email: twestbay@hotmail.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: Direct Child Welfare Services Employee Treatment? No All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Nο

Juvenile? All applicant attestation qualifications: No Yes

Lutheran Social Services of Illinois

Name & Main Office Address: Dee Ann Foss Phone: (309) 671-0300 x271

3000 W. Rohmann West Fax: (309) 671-0503 Peoria, IL 61604

Yes

deeanne.foss-reimers@lssi.org Fmail: Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes

Licenses: IL LCPC Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes

All applicant attestation qualifications:

Name & Main Office Address: (309) 671-0300 x245 Yvonne Wojtalik Phone:

3000 W. Rohmann West Fax: (309) 671-0503 Peoria, IL 61604

Fmail: yvonne.wojtalik@lssi.org Services Provided:

Language(s): English

Evaluations? Yes Provider Meets the following qualifications:

IL LCPC Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Lynn Irving-Klass

Name & Main Office Address: Phone: (309) 693-9003 Lynn Irving-Klass 2001 W. Willow Knolls Road, Suite 205A

(309) 693-1761 Fax: Peoria, IL 61614 Fmail: woshrink@msn.com Services Provided:

Language(s): English Evaluations? No

Provider Meets the following qualifications: Licenses: IL LCPC, NCC Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes





Peoria

Midwest Counseling

Name & Main Office Address: Bryan Denure Phone: (309) 241-0885 15 S. Capitol, Suite 207

Fax: Pekin, IL 61554 Email:

Services Provided: Language(s): Evaluations? No Provider Meets the following qualifications:

Licenses: IL LPC #180-005002, CRADC Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? No Juvenile? All applicant attestation qualifications: Yes No

Name & Main Office Address: Keir L. Goatley Phone: (217) 726-8744

917 Clocktower Dr. #420 Fax: Springfield, IL 62704

Email: kgoatley@ameritech.net Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC-#180-004321, (IDPR), CCBT, ATLSA, Treatment? Yes All treatment provider qualifications? Yes IL-ATSA

Yes

Yes

Yes

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Gil Pilapil Phone: (309) 241-0885

15 S. Capitol, Suite 207 Fax: Pekin, IL 61554

Email: Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications: Licenses: None

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? No

All applicant attestation qualifications:

P. F. Dover Counseling, LLC

Juvenile?

Juvenile?

No

Name & Main Office Address: James R. Seavey Phone: (309) 495-4924 538 N. Cherry Street Fax: (309) 495-4993

Galesburg, IL 61401 Email: jspfdovercounseling@yahoo.com Services Provided:

Language(s): English Evaluations? Yes

Provider Meets the following qualifications: IL LCPC #180-001434 Licenses:

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes Yes All evaluation provider qualifications?

Juvenile? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Scott A. Smith Phone: (309) 477-2278

538 N. Cherry Street Fax: (309) 477-3113 Galesburg, IL 61401

Fmail: sspfdovercounseling@yahoo.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC Licenses: Treatment? Yes All treatment provider qualifications? Yes Adult? Yes Yes All evaluation provider qualifications?

Juvenile? Yes All applicant attestation qualifications: Resolutions Unlimited

Name & Main Office Address: Michael S. Shear, Psv.D. Phone: (309) 673-9385 456 Fulton Street, Suite 101

Fax: (309) 673-9446 Peoria, IL 61602

Fmail: Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes

All applicant attestation qualifications:

Licenses: IL LCPC-#180-004648 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes



Phone:

(312) 933-0060



Peoria

William "Kip" Hillman, Psy.D.

Name & Main Office Address: William "Kip" Hillman, Psy.D.

4064 N. Lincoln, #290 (773) 989-0275 Fax: Chicago, IL 60618 Email: kiphillman@yahoo.com

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: IL Psychology 071-003686

Licenses: Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

Juvenile? All applicant attestation qualifications: Yes Yes

<u>Perry</u>

Alternatives Counseling, Inc.

Name & Main Office Address: Donya Adkerson, MA Phone: (618) 288-8085

88 S. Main, Suite 2, P.O. Box 639 Fax: (618) 288-8959 Glen Carbon, IL 62034

Services Provided:

Email: donya2@aol.com Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC-180-000271 Licenses: All treatment provider qualifications? Treatment? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Phone: Name & Main Office Address: Bethany A. Munge, M.A., Q.M.H.P. (618) 288-8085 x202

88 S. Main, Suite 2, P.O. Box 639 Fax: (618) 288-8959

Glen Carbon, IL 62034 Email: Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications: Licenses: None

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes Nο All evaluation provider qualifications?

Yes Juvenile? All applicant attestation qualifications: Yes

Kosmicki, Ph.D., Frank X.

Name & Main Office Address: Frank X. Kosmicki, Ph.D. Phone: (618) 203-6730

231 W. Main Street (618) 529-3171 Fax: Carbondale, IL 62901

Fmail: Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications:

IL LCP #071-006668 Licenses: Treatment? Nο All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes

Yes Juvenile? All applicant attestation qualifications: Yes

Michael E. Althoff, Ph.D.

Name & Main Office Address: Michael E. Althoff, Ph.D. (618) 549-3587 Phone:

> 201 E. Main, Suite 3D Fax: (618) 549-2695 Carbondale, IL 62901 Fmail: mealthoff@aol.com

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCP, IL Clinical Member - ATSA Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Piatt

Cokley, Sunderland & Cokley

Name & Main Office Address: Robert L. Cokley, Ph.D. Phone: (217) 422-0053 348 West Prairie Avenue, Suite Fax: (217) 422-0374

Decatur, IL 62522 Email:

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCSW- #149-000865, Doctorate Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes





Piatt

Community Resource and Counseling Center

Name & Main C	Office Address:	Laurelyn Cropek P.O. Box 162		Phone: (217) 379-4302 Fax: (217) 379-4304
Services Provid	led:	Paxton, IL 60957		Email: crcc@illicom.net
Evaluations ?	No	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW-149-005667
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	No	All applicant attestation qualifications:	Yes	
Name & Main C		Laurie A. Gilbert P.O. Box 162		Phone: (217) 379-4302
		Paxton, IL 60957		Fax: (217) 379-4304
Services Provid	led:			Email: lgilbert@4crcc.org
Evaluations?	Yes	Provider Meets the following qualifications:	:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW-149-010484
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Christine Mayer P.O. Box 162 Paxton, IL 60957		Phone: (217) 379-4302 Fax: (217) 379-4304
Services Provid	led:	,		Email: ccrc@illicom.net
Evaluations?	No	Provider Meets the following qualifications:	-	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW-149.009275
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	No	All applicant attestation qualifications:	Yes	
Name & Main C		Jeffrey C. Reynolds P.O. Box 162 Paxton, IL 60957		Phone: (217) 379-4302 Fax: (217) 379-4304 Email: jreynolds@4crcc.org
Services Provid				Language(s): English
Evaluations?	Yes	Provider Meets the following qualifications:		Licenses: IL LCPC #180-004199
Treatment ?	Yes	All treatment provider qualifications?	Yes	Elections. 1E Edi O #100 004100
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	No	All applicant attestation qualifications:	Yes	
Kleppin, i	MS.Ed., LO	CPC, CADC, Kleppin		
Name & Main O	Office Address:	Michael Kleppin, MS.Ed., LCPC, CADC P. O. Box 416 Saboy, IL 61874		Phone: (217) 398-0413 Fax: (217) 239-6616
Services Provid	led:			Email:
Evaluations ?	Yes	Provider Meets the following qualifications:	:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC-#180-005001, CADC
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Klina lo	anna M.Ec	d. LCPC		
Name & Main O		Joanna Kling, M.Ed., LCPC 507 W. Springfield Avenue Urbana, IL 61801		Phone: (217) 344-4722 Fax: (217) 344-4733
	led:			Email: jokling611@insightbb.com
Services Provid			_	Language(s): English
	No	Provider Meets the following qualifications:		
Services Provid Evaluations ? Treatment ?	No Yes	Provider Meets the following qualifications: All treatment provider qualifications?	Yes	Licenses: IL LCPC, NBCC
Evaluations?				





Pike

Living Hope

Name & Main Office Address: Michael Schneider, Ph.D. (217) 641-0945 Phone: 2272 Chestnut

(217) 641-0945 Fax: Quincy, IL 62301 Email: mikejoe@adams.net

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LPC #071-005940, Missouri #PY 01367 Treatment? Yes All treatment provider qualifications? Yes

Adult? No All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes Yes

<u>Pope</u>

First Judicial Circuit of Illinois-Probation & Court Services

Name & Main Office Address: Marlynn A. Frailey Phone: (618) 993-1840

201 W. Main Fax: (618) 993-1865 Marion, IL 62959

Email: mfrailey@firstcircuitprobation.com Services Provided:

Language(s): English Evaluations ? Yes Provider Meets the following qualifications:

Licenses: CAC; IAODAPCA #6771 Treatment? No All treatment provider qualifications? No

Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes Yes

Gary Lemmon and Associates, Inc.

Name & Main Office Address: Gary L. Lemmon Phone: (618) 378-3010

904 E. Main (618) 378-2308 Fax: Norris City, IL 62869

Email: glemmon@shawneelink.net Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCSW-#149-00164, Clinical Member ATSA Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Michael E. Althoff, Ph.D.

Name & Main Office Address: Michael E. Althoff, Ph.D. Phone: (618) 549-3587

201 E. Main, Suite 3D Fax: (618) 549-2695 Carbondale, IL 62901 Email: mealthoff@aol.com

Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCP. IL Clinical Member - ATSA

Treatment? Yes Yes All treatment provider qualifications? Adult? Yes All evaluation provider qualifications? Yes

All applicant attestation qualifications: Juvenile? Yes Yes

Pulaski

Juvenile?

Delta Center, Inc.

Nο

Services Provided:

Name & Main Office Address: Wendy Ice Phone: (618) 734-2665 x258

1400 Commercial Avenue Fax: (618) 734-1999 Cairo, IL 62914

Email: wendie_ice@yahoo.com Services Provided:

English Language(s): Evaluations? No Provider Meets the following qualifications:

Licenses: None Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Nο

All applicant attestation qualifications:

First Judicial Circuit of Illinois-Probation & Court Services

Marlynn A. Frailey Name & Main Office Address: Phone: (618) 993-1840 201 W. Main

Fax: (618) 993-1865 Marion, IL 62959 Email: mfrailey@firstcircuitprobation.com

Services Provided: Language(s): Yes

Provider Meets the following qualifications: Evaluations? CAC; IAODAPCA #6771 Licenses: Treatment? All treatment provider qualifications? No No

Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes Yes





Pulaski

Massac County Mental Health

Name & Main Office Address: (618) 524-9368 Patricia Gillespie Phone: 206 W. 5th Street (618) 524-9551 Fax:

Metropolis, IL 62960 Email: Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications: Sexual Abuse Treatment Counselor, BS, MHP, Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? No Juvenile? All applicant attestation qualifications: Yes Yes

Name & Main Office Address: Phone: (618) 524-9368 Yvonne J. Rath 206 W. 5th Street Fax: (618) 524-9551

Metropolis, IL 62960 Services Provided:

Evaluations? No Provider Meets the following qualifications: Licenses: Yes All treatment provider qualifications? Yes Treatment?

Adult? No All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Email: mcmh@hcis.net Language(s): English IL LCPC, NCC, MAC, CCJS, PCGC, CARF,

IL LCP, IL Clinical Member - ATSA

Medicaid, Child Welfare, Substance Abuse -Agency, Individual

English

17 yrs experience

Michael E. Althoff, Ph.D.

Name & Main Office Address: Michael E. Althoff, Ph.D. Phone: (618) 549-3587 201 E. Main, Suite 3D Fax: (618) 549-2695 mealthoff@aol.com

Carbondale, IL 62901 Services Provided:

Language(s): Evaluations? Provider Meets the following qualifications: Yes Licenses:

Treatment? Yes All treatment provider qualifications? Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Putnam

Art Therapy and Counseling Services

Name & Main Office Address: Laurie A. Cox Phone: (309) 452-5326

> 101 E. College Avenue, Suite D Fax: (309) 452-5356 Normal, IL 61761 coxlaurie@msn.com Fmail:

Email:

Services Provided:

Juvenile?

Language(s): English Evaluations? Provider Meets the following qualifications: Yes Licenses: IL LCPC, CADC Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

P. F. Dover Counseling, LLC

Yes

Name & Main Office Address: James R. Seavey Phone: (309) 495-4924 538 N. Cherry Street Fay: (309) 495-4993

Galesburg, IL 61401 Fmail: jspfdovercounseling@yahoo.com Services Provided:

Language(s):

English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC #180-001434 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Yes Yes

Name & Main Office Address: Scott A. Smith Phone: (309) 477-2278 538 N. Cherry Street Fax: (309) 477-3113

Galesburg, IL 61401 Fmail: sspfdovercounseling@yahoo.com

Services Provided: English Language(s): Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

All applicant attestation qualifications:

Yes





Randolph

Alternatives Counseling, Inc.

Name & Main C	Office Address:	Donya Adkerson, MA		Phone: (618) 288-8085
Services Provided:		88 Ś. Main, Suite 2, P.O. Box 639 Glen Carbon, IL 62034		Fax: (618) 288-8959 Email: donya2@aol.com
Evaluations ? Treatment ?	Yes Yes	Provider Meets the following qualification: All treatment provider qualifications?	Yes	Language(s): English Licenses: IL LCPC-180-000271
Adult ? Juvenile ?	Yes Yes	All evaluation provider qualifications? All applicant attestation qualifications:	Yes Yes	
Name & Main C		Bethany A. Munge, M.A., Q.M.H.P. 88 S. Main, Suite 2, P.O. Box 639 Glen Carbon, IL 62034		Phone: (618) 288-8085 x202 Fax: (618) 288-8959 Email:
Evaluations? Treatment? Adult? Juvenile?	No Yes Yes Yes	Provider Meets the following qualifications All treatment provider qualifications? All evaluation provider qualifications? All applicant attestation qualifications:	s: Yes No Yes	Language(s): English Licenses: None
Chester I	Mental He	alth Center		
Name & Main C	Office Address:	Richard D. Johnson, Ph.D.		Phone: (618) 826-4571

Chester I	Иental He	alth Center			
Name & Main C	Office Address:	Richard D. Johnson, Ph.D. 1315 Lehman Drive Chester, IL 62233		Fax:	8) 826-4571
Services Provid	led:	•		Email:	
Evaluations?	Yes	Provider Meets the following qualifications	s:	Language(s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:	IL CP; ILCPC; Nationally Certified Counselor, Certified Clinical Mental Health Counselor
Adult ?	Yes	All evaluation provider qualifications?	Yes		Certified Cliffical Merital Fleatiff Courselor
Juvenile?	Yes	All applicant attestation qualifications:	Yes		
Name & Main C		Christopher E. Leonard, LCSW P.O. Box 31 Chester, IL 62233		,	8) 826-4571 8) 826-3229
Evaluations?		Drovider Mosto the following qualifications		Language(s):	English
Treatment?	Yes Yes	Provider Meets the following qualifications	s. No	Licenses:	IL LCSW #149-006035, MO LCSW #004849
		All treatment provider qualifications?			
Adult ? Juvenile ?	Yes Yes	All evaluation provider qualifications?	Yes Yes		
		All applicant attestation qualifications:	res	Dhana: (C4)	0) 045 4007
Name & Main C		Carole Metzger, LCSW P.O. Box 31 Chester, IL 62233		Phone: (618 Fax: Email:	8) 615-1687
Evaluations?	Yes	Drovider Meets the following qualifications		Language(s):	English
Treatment?	Yes	Provider Meets the following qualifications All treatment provider qualifications?	Yes	Licenses:	IL LCSW #149-008319
Adult?	Yes	All evaluation provider qualifications?	Yes		
Juvenile ?	Yes	· ·			
		All applicant attestation qualifications: James C. Morris	Yes	Dh (C44	0) 000 4574
Name & Main C	office Address:	1315 Lehman Drive Chester, IL 62233		Fax: (618	8) 826-4571 8) 826-3229
Services Provid	led:	,		Email:	
Evaluations?	Yes	Provider Meets the following qualifications	s:	Language(s):	English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:	LCSW #149-006336
Adult ?	Yes	All evaluation provider qualifications?	Yes		
Juvenile?	No	All applicant attestation qualifications:	Yes		

Daniel J. Cuneo, Ph.D.

Name & Main Office Address:		Daniel J. Cuneo, Ph.D. 2217 W. Main Belleville, IL 62226			(618) 277-5498 (618) 235-4316	
Services Provid	ded:	Belleville, IL GEEZE		Email:	dcuneo@charter.net	
Evaluations?	Yes	Provider Meets the following qualificatio	ns:	Language((s):	English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL 071-002307 & MO Psychologist
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile 2	Yes	All applicant attestation qualifications:	Yes			



Services Provided:

Sex Offender Management Board Approved Provider List - By County



Randolph

Kosmicki, Ph.D., Frank X.

 Name & Main Office Address:
 Frank X. Kosmicki, Ph.D.
 Phone:
 (618) 203-6730

 231 W. Main Street
 Fax:
 (618) 529-3171

Carbondale, IL 62901 Email:

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment ? No All treatment provider qualifications? Yes Licenses: IL LCP #071-006668

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Michael E. Althoff, Ph.D.

Name & Main Office Address: Michael E. Althoff, Ph.D. Phone: (618) 549-3587

201 E. Main, Suite 3D Fax: (618) 549-2695
Carbondale, IL 62901 Email: mealthoff@aol.com

Services Provided: Email: mealthoff@ac Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCP, IL Clinical Member - ATSA

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Provident Counseling

Name & Main Office Address: Caroline M. Foss Phone: (314) 371-6500 x1127

2650 Olive Street Fax: (314) 371-6508

St. Louis, MO 63103
Services Provided:

St. Louis, MO 63103
Email: cfoss@providentc.org

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: None Adult? Yes All evaluation provider qualifications? Yes

 Juvenile ?
 No
 All applicant attestation qualifications:
 Yes

 Name & Main Office Address:
 James M. Moll
 Phone:
 (314) 802-2598

2650 Olive Street Fax: (314) 371-6508
St. Louis, MO 63103
Services Provided: Fax: jm@providentc.org

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: None

Treatment? Yes All treatment provider qualifications? Yes Licenses: None
Adult? Yes All evaluation provider qualifications? Yes

Juvenile? No All applicant attestation qualifications: Yes

Name & Main Office Address: Margaret A. Schicker Phone: (314) 371-6500

2650 Olive Street Fax: (314) 371-6508 St. Louis, MO 63103

Services Provided: Email: margaret.schicker@providentc.org

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: LCSW

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? No All applicant attestation qualifications: Yes

Richland |

Brown Counseling & Consulting

 Name & Main Office Address:
 Jeffrey R. Brown 2622 Washington Avenue Vincennes, IN 47591
 Phone: (812) 887-5431

 Fax: (812) 886-3010
 Fax: (812) 886-3010

Services Provided: Email: lazlo81@charter.net

Evaluations ? Yes Provider Meets the following qualifications: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: ACSW; LCSW, IL #148-008300 & IN

Adult? Yes All evaluation provider qualifications? Yes #34001119A; CADC III; ATSA

Juvenile? Yes All applicant attestation qualifications: Yes



Services Provided:

Sex Offender Management Board Approved Provider List - By County



Richland

Gary Lemmon and Associates, Inc.

Name & Main Office Address: (618) 378-3010 Gary L. Lemmon Phone: 904 E. Main (618) 378-2308 Fax:

Norris City, IL 62869 Email: glemmon@shawneelink.net

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCSW-#149-00164, Clinical Member ATSA Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes Yes

Rock Island

Caparulo and Associates

Name & Main Office Address: Richard Johnson, MS.Ed., DABFE Phone: (309) 788-6030 1622 38th Street, Suite 108

Fax: (309) 793-5130 Rock Island, IL 61201

Email: rjohnson@qconline.com Services Provided:

Language(s): English Provider Meets the following qualifications: Evaluations ? Yes

Board Certified Forensic Examiner, DABFE Licenses: Treatment? Yes All treatment provider qualifications? Yes #13317

Adult? Nο All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Kirk Witherspoon, Ph.D.

Name & Main Office Address: Kirk Witherspoon, Ph.D. (309) 762-2922 Phone:

722 - 23rd Avenue Court (309) 762-8394 Fax: Moline, IL 61265-4624

Email:

kirkwitherspoon@mchsi.com Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications:

IL LCP 71-2839 Licenses: Treatment? No All treatment provider qualifications? No

Adult? No All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Yes No

Psychology Associates

Juvenile?

Yes

Name & Main Office Address: W. David McEchron Phone: (563) 355-2577

4455 E. 56th Street Fax: (563) 355-4015 Davenport, IA 52807 Email: mcechronw@genesishealth.com

Services Provided: English, Spanish Language(s):

Evaluations? Yes Provider Meets the following qualifications:

IL LCP-#071-006817: CPQ #144 Licenses: Treatment? Yes Yes All treatment provider qualifications?

Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications:

Robert Young Center for Community Mental Health

Name & Main Office Address: Lisa Curry Phone: (309) 779-2038 4600 3rd Street

Fax: (309) 779-2167 Moline, IL 61265 Email: currylctrinityqc.com

Services Provided: English Language(s): Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCSW-149-005922, LISW-lowa Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Yes

Name & Main Office Address: (309) 779-2031 Scott Stange Phone: 4600 3rd Street Fax: (309) 779-2167

Moline, IL 61265 Email: stange@trinityqc.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

All applicant attestation qualifications:

IL LCSW, LISW, Clinical Member ATSA Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes

Yes





Rock Island

Southpark Psychology at Illini

 Name & Main Office Address:
 James D. Ray
 Phone:
 (309) 792-6563

 1314 Tenth Street
 Fax:
 (309) 792-6430

Silvis, IL 61282 Email:

Services Provided:

Evaluations? Yes Provider Meets the following qualifications: Language(s): English
Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

William "Kip" Hillman, Psy.D.

Name & Main Office Address: William "Kip" Hillman, Psy.D. Phone: (312) 933-0060

4064 N. Lincoln, #290 Fax: (773) 989-0275 Chicago, IL 60618

Services Provided: Email: kiphillman@yahoo.com

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL Psychology 071-003686

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

<u>Saline</u>

First Judicial Circuit of Illinois-Probation & Court Services

Name & Main Office Address: Marlynn A. Frailey Phone: (618) 993-1840

201 W. Main Fax: (618) 993-1865 Marion, IL 62959

Services Provided: Email: mfrailey@firstcircuitprobation.com

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? No All treatment provider qualifications? No Licenses: CAC; IAODAPCA #6771

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Gary Lemmon and Associates, Inc.

Name & Main Office Address: Gary L. Lemmon Phone: (618) 378-3010

904 E. Main Fax: (618) 378-2308 Norris City, IL 62869

Services Provided: Email: glemmon@shawneelink.net

Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment ? Yes All treatment provider qualifications? Yes Licenses: IL LCSW-#149-00164, Clinical Member ATSA

Yes

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Kosmicki, Ph.D., Frank X.

Name & Main Office Address: Frank X. Kosmicki, Ph.D. Phone: (618) 203-6730

231 W. Main Street Fax: (618) 529-3171

Carbondale, IL 62901
Services Provided: Email:

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? No All treatment provider qualifications? Yes Licenses: IL LCP #071-006668

Adult ? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications.

Michael E. Althoff, Ph.D.

Name & Main Office Address: Michael E. Althoff, Ph.D. Phone: (618) 549-3587

201 E. Main, Suite 3D Fax: (618) 549-2695 Carbondale, IL 62901

Services Provided: Email: mealthoff@aol.com

Evaluations 2 Ves Provider Meets the following qualifications: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment 2: Yes Provider Meets the following qualifications: Licenses: IL LCP, IL Clinical Members

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCP, IL Clinical Member - ATSA

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes





Sangamon

Art Therapy and Counseling Services

Name & Main Office Address: Laurie A. Cox

(309) 452-5326 Phone: 101 E. College Avenue, Suite D Fax: (309) 452-5356

Normal, IL 61761

Email: coxlaurie@msn.com English

Services Provided:

Language(s): Evaluations? Yes Provider Meets the following qualifications: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes Licenses: IL LCPC, CADC

Bohlen & Associates, SC

Name & Main Office Address: Joseph G. Bohlen, MD, Ph.D. Phone: (217) 546-3100

3001 Spring Mill Drive, Suite D Fax: (217) 546-3284

Springfield, IL 62704 Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL Physicians & Surgeons Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? No All applicant attestation qualifications: Yes

BroMenn Hospital-Twin Cities Behavioral Health

(309) 268-3542 Name & Main Office Address: Brian Heatherton, Ph.D. Phone

202 E. Locast Street Fax: (309) 268-2323 Bloomington, IL 61701

Email: bheatherto@aol.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: LCP- IL and IN, Certified Substance Abuse Treatment? Yes All treatment provider qualifications? Yes Professional, Affiliate Association for Adult? Yes All evaluation provider qualifications? Yes

Treatment of the Sexual Abuser Juvenile? Yes All applicant attestation qualifications: Yes

BroMenn Medical Group - Twin Cities Behavioral Health

Name & Main Office Address: Chervi L. Miller Phone (309) 268-3529

> 403 W. Virginia Fax: (309) 268-2323 Normal, IL 61761

cmiller@bromenn.org Fmail: Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes

Licenses: IL LCP #071-006052, clinical member APA, Treatment? Yes All treatment provider qualifications? Yes member of ATSA, member AASECT Adult? Yes All evaluation provider qualifications? Yes

Yes

Yes

Juvenile? No All applicant attestation qualifications: Yes

Clinical Systems, Inc.

Yes

No

Juvenile?

Juvenile?

Name & Main Office Address: Louis M. Douglas Phone: (217) 529-2142 3151 Butler

Fay: Springfield, IL 62703

Idouglas@insightbb.com Fmail: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

All applicant attestation qualifications:

All applicant attestation qualifications:

Licenses: LPC, CADC, CCJP, MISA II Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes

Name & Main Office Address: Michael G. Howie Phone: (217) 529-2142

3151 Butler Fax: (217) 529-2174

Springfield, IL 62703 Fmail: mhowie1@earthlink.net

Services Provided:

English Language(s): Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC

Treatment? No All treatment provider qualifications? No Adult? Yes All evaluation provider qualifications? Yes





Sangamon

Clinical Systems, Inc.

 Name & Main Office Address:
 Karen L. Streight
 Phone:
 (271) 529-2142

 3151 Butler
 Fax:
 (217) 529-2174

Springfield, IL 62703

Email: clinicalsystems@yahoo.com

Services Provided: Email: clinicalsystem

Evaluations 2 Yes Provider Meets the following qualifications: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC #180-003070

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Gregory S. Viniard

Name & Main Office Address: Gregory S. Viniard Phone: (217) 529-2142

3151 Butler Fax: (217) 529-2174 Springfield, IL 62703

Services Provided: Email:

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC #180-003061, Clinically Certified Forensic Counselor #F18393, Clinically Adult? Yes All evaluation provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Certified DV Counselor #F18394

Juvenile? Yes All applicant attestation qualifications: Yes

Midwest Counseling

Name & Main Office Address: Bryan Denure Phone: (309) 241-0885

15 S. Capitol, Suite 207 Fax: Pekin, IL 61554 Email:

Services Provided:

Juvenile?

Evaluations? No Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LPC #180-005002, CRADC

Adult? Yes All evaluation provider qualifications? No Juvenile? No All applicant attestation qualifications: Yes

Name & Main Office Address: Keir L. Goatley Phone: (217) 726-8744

917 Clocktower Dr. #420 Fax:

Springfield, IL 62704
Services Provided: Email: kgoatley@ameritech.net

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC-#180-004321, (IDPR), CCBT, ATLSA,

IL-ATSA

Adult ? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Gil Pilapil Phone: (309) 241-0885

15 S. Capitol, Suite 207 Fax:

Pekin, IL 61554
Services Provided: Email:

Evaluations? No Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: None
Adult? Yes All evaluation provider qualifications? No

All applicant attestation qualifications:

Psychiatric Associates of Central Illinois

No

 Name & Main Office Address:
 Brian Heatherton, Ph.D.
 Phone:
 (309) 268-3542

 1124 S. Sixth Street
 Fax:
 (309) 268-2323

Springfield, IL 62703
Services Provided:

Springfield, IL 62703
Email: bheatherto@aol.com

Services Provided:

Evaluations 2 Yes Provider Meets the following qualifications:

Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: LCP- IL and IN, Certified Substance Abuse

Yes

Adult? Yes All evaluation provider qualifications? Yes Professional, Affiliate Association for Treatment of the Sexual Abuser

Juvenile? Yes All applicant attestation qualifications: Yes





Sangamon

Psychological & Counseling Center

Services Provided: Email: ronlewmatt@yahoo.com

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL #071-002091, WI #2434-057

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Scott

Juvenile?

Juvenile?

Yes

Yes

Illinois Youth Center (IYC) - Kewanee

 Name & Main Office Address:
 David Allred (IDOC)
 Phone:
 (309) 852-3651

 2021 Kentville Road, P.O. Box 518
 Fax:
 (309) 852-3515

Kewanee, IL 61443

Vices Provided: Email:

Services Provided:

Email:

Evaluations? Yes Provider Meets the following qualifications:

Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: Language(s): English

Licenses: Language(s): Language(s): Licenses: Licenses: Licenses: Language(s): English

Adult ? Yes All evaluation provider qualifications? No

 Juvenile ?
 Yes
 All applicant attestation qualifications:
 Yes

 Name & Main Office Address:
 Stacey Andrews
 Phone: (309) 852-3651

 Name & Main Office Address:
 Stacey Andrews
 Phone:
 (309) 852-3651

 2021 Kentville Road, P.O. Box 518
 Fax:
 (309) 852-3515

Kewanee, IL 61443
Services Provided:

Kewanee, IL 61443
Email:

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment ? Yes All treatment provider qualifications? Yes Licenses: IL LCSW

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Victor A. Kersey Phone: (309) 852-3651

2021 Kentville Road, P.O. Box 518 Fax: (309) 852-3515 Kewanee, IL 61443

Services Provided: Kewanee, IL 61443 Email:

Evaluations? Yes Provider Meets the following qualifications: Language(s): English
Treatment? Yes All treatment provider qualifications? Yes Licenses: None

Adult? Yes All evaluation provider qualifications? Yes

Juvenile ? Yes All applicant attestation qualifications: Yes

 Name & Main Office Address:
 Katrina Maddox
 Phone:
 (309) 852-3651

 2021 Kentville Road, P.O. Box 518
 Fax:
 (309) 852-3515

Kewanee, IL 61443

Services Provided:

Kewanee, IL 61443

Email: psychgirl75@sbcglobal.net

Services Provided: English Provider Meets the following qualifications: Language(s): English

Evaluations? Yes Provider Meets the following qualifications:

Language(s): English

Yes

Yes

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LPC #178-004175; NCC-National Certified

Adult ? Yes All evaluation provider qualifications? Yes Counselor

Name & Main Office Address: Robert E. Olt Phone: (309) 852-3651 2021 Kentville Road, P.O. Box 518

All applicant attestation qualifications:

2021 Kentville Road, P.O. Box 518 Fax: (309) 852-3515 Kewanee, IL 61443

Services Provided: Email:

Evaluations? Yes Provider Meets the following qualifications: Language(s): English
Treatment? Yes All treatment provider qualifications? Yes Licenses: NCC; LCPC

Treatment ? Yes All treatment provider qualifications? Yes Licenses: NCC Adult ? Yes All evaluation provider qualifications? Yes

All applicant attestation qualifications:

Name & Main Office Address: Lisa L. Potter Phone: (309) 852-3651

2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443

Services Provided:

Fax: (309) 852-3515

Email: lpotter9@aol.com

Evaluations? Yes Provider Meets the following qualifications: Language(s): English
Treatment? Yes All treatment provider qualifications? Yes Licenses: MS, MHP

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes



Juvenile?

Yes

Sex Offender Management Board Approved Provider List - By County



Scott

Illinois Yo	outh Cent	ter (IYC) - Kewanee				
Name & Main Of	ffice Address:	Kenneth G. Queen 2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443		Phone: Fax:	, ,	852-3651 852-3515
Services Provide	ed:	Newarice, in 01443		Email:		
Evaluations?	Yes	Provider Meets the following qualifications	:	Language	. ,	English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:		II LPC 178-004103
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main Of		Petrita Salazar 2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443		Phone: Fax: Email:		852-3651 852-3515
Services Provide					\(\alpha\):	English
Evaluations ?	Yes	Provider Meets the following qualifications		Language		English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		None
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main Of Services Provide		Jeffrey P. L. Sim 2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443		Phone: Fax: Email:		852-3651 852-3515
		Provider Meets the following qualifications	_	Language	e(s):	English
Evaluations?	Yes	3 .		Licenses:	. ,	IL LCP #071-007028
Treatment?	Yes	All treatment provider qualifications?	No			
Adult ?	Yes	All evaluation provider qualifications?	No			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Midwest (Counselir	g				
Name & Main Of Services Provide		Bryan Denure 15 S. Capitol, Suite 207 Pekin, IL 61554		Phone: Fax: Email:	(309)	241-0885
Evaluations?	No	Provider Meets the following qualifications		Language	e(s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:	,	IL LPC #180-005002, CRADC
Adult ?	Yes	All evaluation provider qualifications?	No			
Juvenile ?	No	All applicant attestation qualifications:	Yes			
Name & Main Of		Keir L. Goatley	162	Phone:	(217)	726-8744
Name & Main O	nice Address.	917 Clocktower Dr. #420 Springfield, IL 62704		Fax:	, ,	
Services Provide	ed:			Email:	-	ley@ameritech.net
Evaluations?	Yes	Provider Meets the following qualifications	:	Language	. ,	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LCPC-#180-004321, (IDPR), CCBT, ATLSA IL-ATSA
Adult ?	Yes	All evaluation provider qualifications?	Yes			IL-ATSA
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main Of	ffice Address:	Gil Pilapil 15 S. Capitol, Suite 207 Pekin, IL 61554		Phone: Fax:	(309)	241-0885
Services Provide	ed:	i omi, il otoot		Email:		
Evaluations ?	No	Provider Meets the following qualifications	:	Language	e(s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		None
Adult ?	Yes	All evaluation provider qualifications?	No			
Juvenile ?	No	All applicant attestation qualifications:	Yes			
Psycholog						
-				Di	/===:	055 0577
Name & Main Of	ffice Address:	W. David McEchron 4455 E. 56th Street Davenport, IA 52807		Phone: Fax:	. ,	355-2577 355-4015
Services Provide	ed:	Davenport, in J2001		Email:	mcec	hronw@genesishealth.com
Evaluations ?	Yes	Provider Meets the following qualifications	:	Language	;(s):	English , Spanish
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LCP-#071-006817; CPQ #144

Yes

All applicant attestation qualifications:



Yes

Yes

Yes

Yes

(217) 347-2001



Shelby

Cokley, Sunderland & Cokley

Yes

Name & Main Office Address: Robert L. Cokley, Ph.D. Phone: (217) 422-0053 348 West Prairie Avenue, Suite (217) 422-0374 Fax:

Decatur, IL 62522 Services Provided:

Email:

Language(s): Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCSW- #149-000865, Doctorate

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications:

Effingham County Probation Office

Name & Main Office Address: Sandy Taylor, MS, LCPC Phone: (217) 347-7931

106 N. Third Street Fax: Effingham, IL 62401-3456

Email: sandy_taylor9@yahoo.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC #180-005527 Treatment? Yes All treatment provider qualifications? Yes

Adult? All evaluation provider qualifications? Yes Yes Juvenile? No All applicant attestation qualifications: Yes

St. Clair

Juvenile?

Juvenile?

Juvenile?

Juvenile?

Alternatives Counseling, Inc.

Yes

Yes

Yes

Name & Main Office Address: Donva Adkerson, MA Phone: (618) 288-8085 88 S. Main, Suite 2, P.O. Box 639

Fax: (618) 288-8959 Glen Carbon, IL 62034 Email: donya2@aol.com

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC-180-000271 Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes

Name & Main Office Address: Bethany A. Munge, M.A., Q.M.H.P. Phone: (618) 288-8085 x202

88 S. Main, Suite 2, P.O. Box 639 (618) 288-8959 Fax:

Glen Carbon, IL 62034 Fmail: Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications:

All applicant attestation qualifications:

Licenses: None Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Nο Juvenile? Yes All applicant attestation qualifications: Yes

Children's Center for Behavioral Development

Name & Main Office Address: Robert S. Jacobs, M.Ed., LCPC Phone: (618) 398-1152

353 N. 88th Street Fax: (618) 398-1012 Centreville, IL 62203 Fmail: ccbd@mvp.net

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC Treatment? Yes All treatment provider qualifications? Yes

Adult? No All evaluation provider qualifications? Yes

All applicant attestation qualifications:

All applicant attestation qualifications:

Name & Main Office Address: Justine Livesay, M.A., LCPC, LPHA Phone: (618) 398-1152 353 N. 88th Street

Fax: (618) 398-1012 Centreville, IL 62203 Fmail: ccbd@mvp.net Services Provided:

English Language(s): Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC

Treatment? Yes All treatment provider qualifications? Yes Adult? No All evaluation provider qualifications? Yes



Services Provided:

Sex Offender Management Board Approved Provider List - By County



St. Clair

Children's Center for Behavioral Development

Name & Main Office Address: Chris Ochoa (618) 398-1152 Phone: 353 N. 88th Street (618) 398-1012 Fax:

Centreville, IL 62203 Email:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC #180-001168 All treatment provider qualifications? Treatment? Yes Yes

Adult? No All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes Yes

Daniel J. Cuneo, Ph.D.

Name & Main Office Address: Daniel J. Cuneo, Ph.D. Phone: (618) 277-5498 2217 W. Main

Fax: (618) 235-4316 Belleville, IL 62226 dcuneo@charter.net Email:

Services Provided: Language(s): English Evaluations?

Yes Provider Meets the following qualifications: IL 071-002307 & MO Psychologist Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Juvenile Transitions Center

Name & Main Office Address: Phone: Janene E. Allen (618) 293-0084 353 N. 88th Street (Rear)

Fax: (618) 293-0098 Centreville, IL 62203 Email: j9allen@sbcglobal.net

Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications: Licenses: IL LCPC Treatment? Yes All treatment provider qualifications? Yes

Adult? Nο All evaluation provider qualifications? Nο Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Phone: (618) 293-0084 Laura Brooks

353 N. 88th Street (Rear) Fax: Centreville, IL 62203 Email:

Services Provided: Language(s): English Evaluations? Nο Provider Meets the following qualifications:

None Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? No All evaluation provider qualifications? No Juvenile? Yes All applicant attestation qualifications: Yes

Provident Counseling

Name & Main Office Address: (314) 371-6500 x1127 Caroline M. Foss Phone:

2650 Olive Street (314) 371-6508 Fax: St. Louis, MO 63103

Email: cfoss@providentc.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: None Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Yes Nο

Name & Main Office Address: (314) 802-2598 James M. Moll Phone: 2650 Olive Street

Fax: (314) 371-6508 St. Louis, MO 63103 Email:

jm@providentc.org Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: None Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes Juvenile? Nο All applicant attestation qualifications: Yes





St. Clair

Provident Counseling

Name & Main Office Address: (314) 371-6500 Margaret A. Schicker Phone: 2650 Olive Street (314) 371-6508 Fax:

St. Louis, MO 63103 Email: margaret.schicker@providentc.org

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: **LCSW** Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Yes No

Stark

Lutheran Social Services of Illinois

Name & Main Office Address: Dee Ann Foss Phone: (309) 671-0300 x271 3000 W. Rohmann West

Fax: (309) 671-0503 Peoria, IL 61604

Email: deeanne.foss-reimers@lssi.org Services Provided:

Language(s): English Evaluations ? Yes Provider Meets the following qualifications: Licenses: IL LCPC Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Phone: Name & Main Office Address: Yvonne Wojtalik (309) 671-0300 x245

3000 W. Rohmann West Fax: (309) 671-0503 Peoria, IL 61604

Email: yvonne.wojtalik@lssi.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC Treatment? Yes All treatment provider qualifications? Yes

Adult ? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

P. F. Dover Counseling, LLC

Name & Main Office Address: James R. Seavev Phone: (309) 495-4924

538 N. Cherry Street Fax: (309) 495-4993

Yes

Galesburg, IL 61401 Fmail: jspfdovercounseling@yahoo.com Services Provided:

Language(s): English

Evaluations? Provider Meets the following qualifications: Yes Licenses: IL LCPC #180-001434 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes

All applicant attestation qualifications:

Name & Main Office Address: (309) 477-2278 Scott A. Smith Phone: 538 N. Cherry Street

Fax: (309) 477-3113 Galesburg, IL 61401

Email: sspfdovercounseling@yahoo.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Stephenson Alliances Counseling Services

Yes

Juvenile?

Name & Main Office Address: Ronelle Allen Phone: (815) 285-3073

119 W. First Street, Suite 110 Fax: (815) 285-3103 Dixon, IL 61021

Services Provided:

alliances@cin.net Language(s): English Evaluations? Yes Provider Meets the following qualifications: IL LCPC Licenses:

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes Yes





Stephenson

Alliances Counseling Services

Name & Main Office Address: Brian Smith

119 W. First Street, Suite 110

Dixon, IL 61021 Services Provided:

Evaluations ? Yes Provider Meets the following qualifications:

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Phone: (815) 285-3073

Fax: (815) 285-3103 Email: alliances@cin.net

Language(s): English

Licenses: IL LCSW

Phone:

Forensic Psych Associates, Ltd.

Name & Main Office Address: Robert H. Gordon, Ph.D.

203 N. LaSalle Street, #2100

Chicago, IL 60601

Fax: (608) 756-5174

(312) 917-1610

Email: rgordon@forensicpsych.com

Provider Meets the following qualifications:

All treatment provider qualifications?

Yes

Language(s): English

Licenses: IL LCP

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Glenwood Testing Center

Yes

Yes

Name & Main Office Address: Frank E. Cushing, Psy.D. Phone: (815) 968-8133

 2823 Glenwood Avenue
 Fax: (815) 968-4656

 Rockford, IL 61101
 Email: fec@juno.com

Services Provided:

Services Provided:

Evaluations?

Treatment?

Evaluations? Yes Provider Meets the following qualifications:

Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCP #071-002590

Adult? Yes All evaluation provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

 Name & Main Office Address:
 Kyle Cushing, Psy.D.
 Phone:
 (815) 968-5342

 2823 Glenwood Avenue
 Fax:
 (815) 968-4656

Rockford, IL 61101 Email: drcushing@juno.com

Services Provided: Email: drcushing@ju
Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCP, Consulting Forensic Examiner

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Jeffrey B. Sundberg

Name & Main Office Address: Jeffrey B. Sundberg Phone: (815) 332-8342

P. O. Box 17044, 610 A East State Street Fax: (815) 332-8342

Rockford, IL 61110 Email:

Services Provided:

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW #149-003876, ACSW, ATSA Member

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Welch, Psy.D., William H.

Yes

Juvenile?

Name & Main Office Address: William H. Welch, Psy.D. Phone: (815) 316-7604
810 E. State Street, Suite 304
Rockford, IL 61104
Rockford, IL 61104
Rockford, IL 61104

Services Provided: Email: neuropsyd@gmail.com

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCP, ATSA Clinical Member, IL ATSA,

Yes

Adult ? Yes All evaluation provider qualifications? Yes

All applicant attestation qualifications:

Generated: 2006 June 23 Page 170 of 204 rpt_somb_ap_by_county





Stephenson

Winston J. Hopkins

Name & Main Office Address: Winston J. Hopkins Phone: (608) 221-2586

404 Midland Lane Fax: Monona, WI 53716

Services Provided:

Language(s): Evaluations? Yes Provider Meets the following qualifications:

Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Email: winstonkarelyn@charter.net

Licenses: WI LPC 2503-125; Lic. Advanced Practice

Social Worker

Tazewell

Art Therapy and Counseling Services

Name & Main Office Address: Laurie A. Cox Phone: (309) 452-5326 101 E. College Avenue, Suite D

Fax: (309) 452-5356 Normal, IL 61761 Email: coxlaurie@msn.com

Services Provided:

Language(s): English Evaluations ? Yes Provider Meets the following qualifications: IL LCPC, CADC Licenses:

Treatment? All treatment provider qualifications? Yes Yes Adult? Yes All evaluation provider qualifications? Yes

All applicant attestation qualifications: Juvenile? Yes

Bohlen & Associates, SC

Name & Main Office Address: Joseph G. Bohlen, MD, Ph.D. Phone: (217) 546-3100

3001 Spring Mill Drive, Suite D (217) 546-3284 Fax: Springfield, IL 62704

Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL Physicians & Surgeons Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Yes No

Lutheran Social Services of Illinois

Name & Main Office Address: Dee Ann Foss Phone: (309) 671-0300 x271

3000 W. Rohmann West Fax: (309) 671-0503

Peoria, IL 61604 Email: deeanne.foss-reimers@lssi.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC Treatment? Yes Yes All treatment provider qualifications?

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Yvonne Wojtalik Phone: (309) 671-0300 x245

3000 W. Rohmann West Fay: (309) 671-0503 Peoria, IL 61604

Fmail: yvonne.wojtalik@lssi.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Midwest Counseling

No

Juvenile?

Name & Main Office Address: Bryan Denure Phone: (309) 241-0885

15 S. Capitol, Suite 207 Fax: Pekin, IL 61554

Email: Services Provided:

Language(s): English Evaluations? Nο Provider Meets the following qualifications: Licenses: IL LPC #180-005002, CRADC

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? No All applicant attestation qualifications:

Yes





Tazewell

Juvenile?

Yes

Midwest Counseling

Name & Main Office Address: Keir L. Goatley Phone: (217) 726-8744 917 Clocktower Dr. #420 Fay:

Springfield, IL 62704

Services Provided: Email: kgoatley@ameritech.net

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC-#180-004321, (IDPR), CCBT, ATLSA, IL-ATSA

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Gil Pilapil Phone: (309) 241-0885

15 S. Capitol, Suite 207 Fax: Pekin, IL 61554

Pekin, IL 61554

Services Provided:

Email:

Evaluations? No Provider Meets the following qualifications: Language(s): English
Treatment? Yes All treatment provider qualifications? Yes Licenses: None

Adult? Yes All evaluation provider qualifications? No Juvenile? No All applicant attestation qualifications: Yes

P. F. Dover Counseling, LLC

 Name & Main Office Address:
 James R. Seavey
 Phone:
 (309) 495-4924

 538 N. Cherry Street
 Fax:
 (309) 495-4993

Galesburg, IL 61401 Email: jspfdovercounseling@yahoo.com

Services Provided: Email: jsptdovercour

Evaluations 2 Ves Provider Meets the following qualifications: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: LLCPC #180-001434

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Scott A. Smith Phone: (309) 477-2278

538 N. Cherry Street Fax: (309) 477-3113 Galesburg, IL 61401

Services Provided: Email: sspfdovercounseling@yahoo.com

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL L

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Robert Young Center for Community Mental Health

 Name & Main Office Address:
 Lisa Curry
 Phone:
 (309) 779-2038

 4600 3rd Street Moline, IL 61265
 Fax:
 (309) 779-2167

 Email:
 currylctrinityqc.com

Services Provided: Email: currylctrinityqc.cc

Evaluations 2 Ves Provider Meets the following qualifications: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW-149-005922, LISW-lowa

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW-149-005922, LISW-IO Adult? Yes All evaluation provider qualifications? Yes

 Name & Main Office Address:
 Scott Stange 4600 3rd Street
 Phone:
 (309) 779-2031

 Fax:
 (309) 779-2167

Moline, IL 61265
Services Provided:

Moline, IL 61265
Email: stange@trinityqc.com

Evaluations? Yes Provider Meets the following qualifications: Language(s): English
Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW, LISW, Clinical Member ATSA

Yes

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

All applicant attestation qualifications:





Union

First Judicial Circuit of Illinois-Probation & Court Services

Name & Main Office Address: Marlynn A. Frailey Phone: (618) 993-1840 201 W. Main Fax: (618) 993-1865

Marion, IL 62959 Email: mfrailey@firstcircuitprobation.com Services Provided:

Language(s): Evaluations? Yes Provider Meets the following qualifications:

Licenses: CAC; IAODAPCA #6771 Treatment? No All treatment provider qualifications? No

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Kosmicki, Ph.D., Frank X.

Name & Main Office Address: Frank X. Kosmicki, Ph.D. Phone: (618) 203-6730

231 W. Main Street Fax: (618) 529-3171 Carbondale, IL 62901

Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCP #071-006668 Treatment? No All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Massac County Mental Health

Name & Main Office Address: Patricia Gillespie (618) 524-9368 Phone

206 W. 5th Street Fax: (618) 524-9551 Metropolis, IL 62960

Email: Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications:

Licenses: Sexual Abuse Treatment Counselor, BS, MHP, Treatment? Yes All treatment provider qualifications? Yes 17 yrs experience

Adult? Yes All evaluation provider qualifications? Nο

Juvenile? All applicant attestation qualifications: Yes Yes Name & Main Office Address: Yvonne J. Rath Phone: (618) 524-9368

206 W. 5th Street Fax: (618) 524-9551 Metropolis, IL 62960 mcmh@hcis.net Fmail:

Services Provided: Language(s): English Evaluations? Nο Provider Meets the following qualifications:

IL LCPC, NCC, MAC, CCJS, PCGC, CARF, Licenses: Treatment? All treatment provider qualifications? Yes Yes

Medicaid, Child Welfare, Substance Abuse -Adult? Nο All evaluation provider qualifications? Yes Agency, Individual

Yes

Yes Michael E. Althoff, Ph.D.

Juvenile?

Name & Main Office Address: Michael E. Althoff, Ph.D. Phone: (618) 549-3587 201 E. Main, Suite 3D

All applicant attestation qualifications:

Fax: (618) 549-2695 Carbondale, IL 62901 Email: mealthoff@aol.com

Services Provided: Language(s):

Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCP, IL Clinical Member - ATSA

Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Vermilion

Art Therapy and Counseling Services

Name & Main Office Address: Laurie A. Cox Phone: (309) 452-5326

101 E. College Avenue, Suite D Fax: (309) 452-5356 Normal, IL 61761 coxlaurie@msn.com

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: IL LCPC, CADC Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes Yes





Vermilion

Adult?

Juvenile?

Yes

Yes

Name & Main O	ffice Address:	Laurelyn Cropek		Phone: (217) 379-4302
Services Provided:		P.O. Box 162		Fax: (217) 379-4304
		Paxton, IL 60957		Email: crcc@illicom.net
Services Provide Evaluations?	eu. No	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	0 1	Yes	Licenses: IL LCSW-149-005667
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile?	No	All applicant attestation qualifications:	Yes	
Name & Main Office Address:		Laurie A. Gilbert	103	Phone: (217) 379-4302
Ivanic & Main O	mee Address.	P.O. Box 162		Fax: (217) 379-4304
		Paxton, IL 60957		Email: lgilbert@4crcc.org
Services Provid		D M 6 H		Language(s): English
Evaluations ?	Yes	Provider Meets the following qualifications:		Licenses: IL LCSW-149-010484
Treatment ?	Yes	' '	Yes	Elcenses. IE ECOW-149-010404
Adult ?	Yes	' '	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main O	ffice Address:	Christine Mayer		Phone: (217) 379-4302
		P.O. Box 162 Paxton, IL 60957		Fax: (217) 379-4304
Services Provided:				Email: ccrc@illicom.net
Evaluations?	No	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	- · ·	Yes	Licenses: IL LCSW-149.009275
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	No	All applicant attestation qualifications:	Yes	
Name & Main O	ffice Address:	Jeffrey C. Reynolds		Phone: (217) 379-4302
		P.O. Box 162		Fax: (217) 379-4304
Services Provided:		Paxton, IL 60957		Email: jreynolds@4crcc.org
Evaluations?	eu. Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes		Yes	Licenses: IL LCPC #180-004199
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	res No	All applicant attestation qualifications:	Yes	
			100	
East Cent	rai Illinoi	is Humanistics		
Name & Main Office Address:		Wendy Barnes		Phone: (217) 709-0282
		500 E. Fairchild Street, Suite A		Fax: (217) 709-0283
Services Provide	ed:	Danville, IL 61832		Email:
Evaluations ?	No No	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	No	All applicant attestation qualifications:	Yes	
Name & Main O		Olav H. Christensen	. 55	Phone: (217) 709-0282
🔾 (VIGII) O	50 / (441000).	500 E. Fairchild Street, Suite A		Fax: (217) 709-0283
Complete D. 11	a al-	Danville, IL 61832		Email: olav@ecih.net
Services Provide		Develope Mante that C. H		Language(s): English
Evaluations ?	Yes	Provider Meets the following qualifications:		Licenses: IL LCPC #180-004931, CADC #15010
Treatment ?	Yes	' '	Yes	1001000. 11 LOT O #100-004301, OADO #10010
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	No	All applicant attestation qualifications:	Yes	
Kleppin, l	MS.Ed., Lo	CPC, CADC, Kleppin		
Name & Main Office Address:		Michael Kleppin, MS.Ed., LCPC, CADC		Phone: (217) 398-0413
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		P. O. Box 416		Fax: (217) 239-6616
Comicas Desiri	o de	Saboy, IL 61874		Email:
Services Provide		Drovidor Monto the fallenting qualification		Language(s): English
Evaluations?	Yes	Provider Meets the following qualifications:		Licenses: IL LCPC-#180-005001, CADC
Treatment ?	Yes	All graduation provider qualifications?	Yes	2.55555.
			1/00	

Yes

Yes

All evaluation provider qualifications?

All applicant attestation qualifications:





Vermilion

Kling, Joanna M.Ed., LCPC

Joanna Kling, M.Ed., LCPC Name & Main Office Address: Phone: (217) 344-4722 507 W. Springfield Avenue (217) 344-4733 Fax: Urbana, IL 61801

Email: jokling611@insightbb.com Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications:

Licenses: IL LCPC, NBCC Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? No Juvenile? Yes All applicant attestation qualifications: Yes

Onarga Academy

Juvenile?

Yes

Name & Main Office Address: Rebecca Cunningham Phone: (815) 268-4001

104 N. Locust (815) 268-7977 Fax: Onarga, IL 60955

Email: rcunnin@nexus-ona.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC #180-001150 Treatment? Yes All treatment provider qualifications? Yes

Adult? All evaluation provider qualifications? Yes No Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: William D. Featherstone Phone: (815) 268-4001

104 N. Locust (815) 268-7977 Fax:

Onarga, IL 60955 Email: bfeathe@nexus-ona.org Services Provided:

Language(s): English

Evaluations? Provider Meets the following qualifications: Yes Licenses: Treatment? Yes All treatment provider qualifications?

Adult? No All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Douglas C. Gossett, M.A., LCPC Phone: (815) 268-4001

104 N. Locust Fax: (815) 268-7977

Onarga, IL 60955 Email: dgossset@nexus-ona.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC #180-005298 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Nο All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Jamie Kozma Phone: (815) 268-4001 104 N. Locust

Fax: (815) 268-7977 Onarga, IL 60955

Fmail: jkozma@nexus-ona.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: IL LCPC Licenses:

Treatment? Yes All treatment provider qualifications? Yes

Adult? No Yes All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Bill Mitchell Phone: (815) 268-4001 104 N. Locust

Fax: (815) 268-7977 Onarga, IL 60955

Fmail: wmitche@nexus-ona.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: None Treatment? Yes All treatment provider qualifications? Yes

Adult? No Yes All evaluation provider qualifications?

All applicant attestation qualifications:

Juvenile? Yes All applicant attestation qualifications: Yes Name & Main Office Address: Phone: (815) 268-4001 Karen Robertie 104 N. Locust Fax: (815) 268-7977

Onarga, IL 60955 krobert@nexus-ona.org Email:

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC 180-005314 Treatment? Yes All treatment provider qualifications? Yes Adult? No All evaluation provider qualifications? Yes

Yes



Yes



Vermilion

Juvenile?

Onarga Academy

Name & Main Office Address:	Michael D. Simpson	Phone:	(815) 268-4001
	104 N. Locust	Fax:	(815) 268-7977
	Onarga, IL 60955		(0.0) 200

Services Provided: Email: msimpso@nexus-ona.org

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC 180-005921

Adult? No All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Tricia Renee St. Pierre Phone: (815) 268-4001

104 N. Locust Fax: (815) 268-7977 Onarga, IL 60955

Services Provided: Email: tstpier@nexus-ona.org

Evaluations? Yes Provider Meets the following qualifications: Language(s): English Treatment? Yes All treatment provider qualifications? Yes NCC

Treatment? Yes All treatment provider qualifications? Yes All evaluation provider qualifications? Yes

All applicant attestation qualifications:

Name & Main Office Address: Ryan Weidenbenner Phone: (815) 268-4001

104 N. Locust Fax: (815) 268-7977 Onarga, IL 60955

Services Provided: Email: rweiden@nexus-ong.org

Evaluations? Yes Provider Meets the following qualifications: Language(s): English
Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC

Adult? No All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

 Name & Main Office Address:
 Timothy E. White
 Phone:
 (815) 268-4001

 104 N. Locust
 Fax:
 (815) 268-7977

Onarga, IL 60955

Services Provided:

Control Leave (616) 256 1611

Email: twhite@nexus-ona.org

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: None

Adult? No All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Pepper, LCSW, ACSW Leta

Yes

Name & Main Office Address: Leta Pepper Phone: (217) 446-1078
500 E. Fairchild, Suite A-1 Fax: (217) 446-1078

500 E. Fairchild, Suite A-1 Fax: (217) 446-1078

Danville, IL 61832

Services Provided: Email:

Evaluations? Yes Provider Meets the following qualifications: Language(s): English
Treatment? Yes All treatment provider qualifications? Yes Licenses: ACSW, LCSW

Adult? Yes All evaluation provider qualifications? Yes

All applicant attestation qualifications:

All applicant attestation qualifications:

Rickey Williams, LPC

Yes

No

Juvenile?

Juvenile?

Name & Main Office Address: Rickey Williams Phone: (217) 709-0282 500 E. Fairchild Street, Suite A Fax: (217) 709-0283

Danville, IL 61832-3117
Services Provided:

Danville, IL 61832-3117
Email: rickeywms@yahoo.com

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LPC-#178-002657

Adult? Yes All evaluation provider qualifications? Yes

Yes

Yes



Services Provided:

Sex Offender Management Board Approved Provider List - By County



IL LCPC #180-004885

Vermilion

Sietert Counseling Center

Name & Main Office Address: (217) 446-1300 James G. Russell Phone: 918 N. Walnut (217) 446-1325 Fax:

Danville, IL 61832 Email:

Language(s): English Evaluations? No Provider Meets the following qualifications:

Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? No All evaluation provider qualifications? No All applicant attestation qualifications: Juvenile? Yes Yes

The Center for Children Services

Name & Main Office Address: Gary Burns Phone: (217) 446-1300

702 N. Logan Fax: (217) 446-1325 Danville, IL 61832

Email: Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications:

Licenses: IL LCPC-180-004923 Treatment? Yes All treatment provider qualifications? Yes

Adult? All evaluation provider qualifications? No No Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: (217) 446-1300 James G. Russell Phone:

702 N. Logan (217) 446-1325 Fax:

Danville, IL 61832 Email: Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications:

IL LCPC #180-004885 Licenses: Treatment? Yes All treatment provider qualifications?

Adult? No All evaluation provider qualifications? No

Juvenile? Yes All applicant attestation qualifications: Yes

Wabash

Gary Lemmon and Associates, Inc.

Name & Main Office Address: Garv L. Lemmon Phone: (618) 378-3010

904 E. Main Fax: (618) 378-2308 Norris City, IL 62869

glemmon@shawneelink.net Fmail: Services Provided:

Language(s): Evaluations? Provider Meets the following qualifications: Yes

Licenses: IL LCSW-#149-00164, Clinical Member ATSA Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Warren

9th Judicial Circuit

Name & Main Office Address: Tye Adair Phone: (309) 837-2307 130 Lafayette, Suite 10

Fax: (309) 833-5570 Macomb, IL 61455

tadair@9thjudicial.org Email: Services Provided:

English Language(s): Evaluations? Yes Provider Meets the following qualifications:

Licenses: None Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Nο All evaluation provider qualifications? Juvenile? All applicant attestation qualifications:

Knox County Juvenile Detention Home - Court Services, 9th Judicia

Name & Main Office Address: Stewart Nvi Phone: (309) 342-2481 1319 E. 5th Fax: (309) 343-7922

Galesburg, IL 61401 snyi@9thjudicial.org Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC-180-001104 Treatment? Yes All treatment provider qualifications? Yes

Adult? No Yes All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes



Email:

Language(s):

English

English



Warren

P. F. Dover Counseling, LLC

Name & Main Office Address: (309) 495-4924 James R. Seavey Phone: 538 N. Cherry Street (309) 495-4993 Fax: Galesburg, IL 61401

jspfdovercounseling@yahoo.com Services Provided: Language(s):

Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC #180-001434 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Phone: (309) 477-2278 Scott A. Smith

538 N. Cherry Street Fax: (309) 477-3113 Galesburg, IL 61401

Email: sspfdovercounseling@yahoo.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC Yes All treatment provider qualifications? Yes Treatment?

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Washington

Alternatives Counseling, Inc.

Name & Main Office Address: Donya Adkerson, MA Phone: (618) 288-8085 88 S. Main, Suite 2, P.O. Box 639 Fax: (618) 288-8959

Glen Carbon, IL 62034 Email: donya2@aol.com Services Provided:

Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC-180-000271 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Yes Yes

Name & Main Office Address: Bethany A. Munge, M.A., Q.M.H.P. Phone: (618) 288-8085 x202

88 S. Main, Suite 2, P.O. Box 639 Fax: (618) 288-8959

Glen Carbon, IL 62034

Email: Services Provided: Language(s):

English Evaluations? No Provider Meets the following qualifications: None Licenses: Treatment? All treatment provider qualifications? Yes Yes

Adult? Yes All evaluation provider qualifications? No Juvenile? Yes All applicant attestation qualifications: Yes

Daniel J. Cuneo, Ph.D.

Name & Main Office Address: Daniel J. Cuneo, Ph.D. Phone: (618) 277-5498 2217 W. Main

(618) 235-4316 Fax: Belleville, IL 62226 Email: dcuneo@charter.net

Services Provided: Language(s): Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL 071-002307 & MO Psychologist Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Darlene M. Bushue, M.A., LCPC

Name & Main Office Address: #Error Phone: (618) 444-7736

Fax: Fmail:

Services Provided: Language(s):

Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC 180-004485 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? No All applicant attestation qualifications: Yes





Wayne

Gary Lemmon and Associates, Inc.

Name & Main Office Address: (618) 378-3010 Gary L. Lemmon Phone: 904 E. Main (618) 378-2308 Fax:

Norris City, IL 62869 Email: glemmon@shawneelink.net

Services Provided: Language(s): Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCSW-#149-00164, Clinical Member ATSA Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Stanislaus, MD, Angeline

Name & Main Office Address: Angeline Stanislaus, M.D. Phone: (618) 791-1777

621 S. New Ballas Road, Suite 268A Fax: St. Louis, MO 63141

Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL Medical License #036-102686; Certification Licenses: Treatment? Yes All treatment provider qualifications? Yes in Forensic Psychiatry

Adult? All evaluation provider qualifications? Yes Yes Juvenile? No All applicant attestation qualifications: Yes

White

Gary Lemmon and Associates, Inc.

Name & Main Office Address: Gary L. Lemmon Phone: (618) 378-3010

904 E. Main (618) 378-2308 Fax: Norris City, IL 62869 Email:

glemmon@shawneelink.net Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications:

IL LCSW-#149-00164, Clinical Member ATSA Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Michael E. Althoff, Ph.D.

Name & Main Office Address: Michael E. Althoff, Ph.D. Phone: (618) 549-3587

201 E. Main, Suite 3D Fax: (618) 549-2695 Carbondale, IL 62901 Email: mealthoff@aol.com

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses:

IL LCP. IL Clinical Member - ATSA Treatment? Yes Yes All treatment provider qualifications?

Adult? Yes All evaluation provider qualifications? Yes Yes Yes

Juvenile? All applicant attestation qualifications:

Whiteside Advanced Behavioral Health

> Name & Main Office Address: W. Christopher Tolen, Psy.D. Phone: (309) 342-6852

2101 Windish Drive, Suite 100 Fax: (309) 344-0071 Galesburg, IL 61401 drtolen@byu.net Email:

Services Provided:

English Language(s): Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCP #071-006296 Treatment? No All treatment provider qualifications? No

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications:

Alliances Counseling Services

Yes

Juvenile?

Name & Main Office Address: Phone: (815) 285-3073 Ronelle Allen

119 W. First Street, Suite 110 Fax: (815) 285-3103 Dixon, IL 61021

Email: alliances@cin.net Services Provided: Language(s): English Provider Meets the following qualifications: Evaluations? Yes

IL LCPC Licenses: Treatment? All treatment provider qualifications? Yes Yes Adult? Yes All evaluation provider qualifications? Yes

All applicant attestation qualifications:

Generated: 2006 June 23 Page 179 of 204 rpt_somb_ap_by_county

Yes



(815) 285-3073

(815) 285-3103

alliances@cin.net

English

IL LCSW

malbert@abtc-centers

Email:

Email:

Language(s):

Licenses:



Whiteside

Alliances Counseling Services

Name & Main Office Address: Brian Smith Phone: 119 W. First Street, Suite 110 Fax:

Dixon, IL 61021

Services Provided:

Evaluations? Yes Provider Meets the following qualifications:

Treatment? Yes All treatment provider qualifications? Yes

All ovaluation provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Alternative Behavior Treatment Centers (ABTC)

 Name & Main Office Address:
 Michael Albert
 Phone:
 (847) 487-9455

 27255 N. Fairfield Road
 Fax:
 (847) 487-9360

 Mundelein, IL 60060
 Fax:
 (847) 487-9360

Services Provided:

Juvenile?

Yes

Evaluations? Yes Provider Meets the following qualifications: Language(s): English Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LPC

Adult? No All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Jenny Anderson Phone: (847) 587-7905 27255 N. Fairfield Road Fay: (847) 487 0360

27255 N. Fairfield Road Fax: (847) 487-9360 Mundelein, IL 60060

Services Provided: Email: janderson@abtc-centers.org
Evaluations? No Provider Meets the following qualifications: Language(s): English

Evaluations? No Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LSW

Adult? Yes All evaluation provider qualifications? No Juvenile? Yes All applicant attestation qualifications: Yes

 Name & Main Office Address:
 Jenifer Brickman
 Phone:
 (847) 487-9455

 27255 N. Fairfield Road
 Fax:
 (847) 487-9360

Mundelein, IL 60060
Services Provided: Email: jbrickman@abtc-centers.org

Services Provided: Email: jbrickman@abtc-cent

Evaluations 2 Ves Provider Meets the following qualifications: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment 2: Ves All treatment provider qualifications? Ves Licenses: IL LCSW-149-010065

Yes

Treatment? Yes All treatment provider qualifications? Yes
Adult? Yes All evaluation provider qualifications? Yes

Name & Main Office Address: Arturo Gudino, Jr. Phone: (847) 487-9455 x226

715 Lake Street Fax: (708) 386-8145 Oak Park, IL 60301

All applicant attestation qualifications:

Services Provided: Email: agudino@abtc-centers.org
Evaluations? No Provider Meets the following qualifications: Language(s): English , Spanish

Treatment? Yes All treatment provider qualifications? Yes Licenses: Licenses: LL LCPC#180-004330

Adult? Yes All evaluation provider qualifications? No

Juvenile? Yes All applicant attestation qualifications: Yes

 Name & Main Office Address:
 Michael Igaravidez, Psy.D.
 Phone:
 (847) 487-9455

 715 Lake Street
 Fax:
 (708) 386-8145

Oak Park, IL 60301

Services Provided:

Oak Park, IL 60301

Email: migaravidez@abtc-centers.org

Evaluations 2 Ves Provider Meets the following qualifications: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCP #071-006172

Adult? Yes All treatment provider qualifications? Yes Electronic Treatment Provider qualifications? Yes All evaluation provider qualifications?

Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Theresa Jackson Phone: (847) 487-9455

715 Lake Street Fax: (708) 848-6176 Oak Park, IL 60301

Services Provided: Email: tjackson@abtc-centers.org

Evaluations? No Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LSW-#150-006805

Adult? Yes All evaluation provider qualifications? No
Juvenile? Yes All applicant attestation qualifications: Yes





Whiteside

Alternative Behavior Treatment Centers (ABTC)

Name & Main C	Office Address:	Dawn Livorsi 27255 N. Fairfield Road Mundelein, IL 60060		Phone: (847) 487-9455 Fax: (847) 487-9360
Services Provid	led:			Email: dlivorsi@abtc-centers.org
Evaluations?	Yes	Provider Meets the following qualifications	:	Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Deborah May		Phone: (847) 487-9455
		27255 N. Fairfield Road		Fax: (847) 487-9360
Services Provid	led:	Mundelein, IL 60060		Email: dmay@abtc-centers.org
Evaluations ?	Yes	Provider Meets the following qualifications		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C		Robin McGinnis, MSW		Phone: (847) 487-9455
rianic a main c	moe maaress.	27255 N. Fairfield Road		Fax: (847) 487-9360
		Mundelein, IL 60060		Email: rmcginnis@abtc-centers.org
Services Provid				Language(s): English
Evaluations?	No	Provider Meets the following qualifications		Licenses: None
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licerises. Notice
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	office Address:	Becky Palmer		Phone: (708) 386-8145 x23
		715 Lake Street Oak Park, IL 60301		Fax: (708) 848-6176
Services Provid	led:	Cak Fark, IL 0000 F		Email: bpalmer802@aol.com
Evaluations?	Yes	Provider Meets the following qualifications	:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C		Melissa Pannell 27255 N. Fairfield Road Mundelein, IL 60060		Phone: (847) 487-9455 x145 Fax: (847) 487-9360 Email: mpannell@abtc-centers.org
Services Provid				Language(s): English
Evaluations?	Yes	Provider Meets the following qualifications		Licenses: IL LPC, ABEL Certified
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses. IL LFG, ABLE Certified
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C		Lauren Parks 27255 N. Fairfield Road Mundelein, IL 60060		Phone: (847) 487-9455 x146 Fax: (847) 487-9360 Email: lparks@abtc-centers.org
Services Provid		Provider Moets the following qualifications		Language(s): English
Evaluations ?	Yes	Provider Meets the following qualifications		Licenses: None
Treatment ?	Yes	All evaluation provider qualifications?	Yes	
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	DI (0.17) 107 0.155 1.05
Name & Main C	office Address:	Kevin J. Robson 27255 N. Fairfield Road Mundelein, IL 60060		Phone: (847) 487-9455 x165 Fax: (847) 487-9037
Services Provid	led:			Email: krobson@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications	:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: First Aid, CPR Part I, Surrogate PatientTrainer
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	





Whiteside

Alternative Behavior Treatment Centers (ABTC)

Name & Main O	ffice Address:	Eva San Pedro 715 Lake Street		Phone: (847) 487-9455 Fax: (708) 386-8145
		Oak Park, IL 60301		Email: esanpedro@abtc-centers.org
Services Provid		5		Language(s): English , Spanish
Evaluations?	No	Provider Meets the following qualifications:		Licenses: None
Treatment ?	Yes	All treatment provider qualifications?	Yes	LICCHSCS. INCHC
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main O	ffice Address:	Carolyn Seaman 27255 N. Fairfield Road		Phone: (847) 487-9455 x135 Fax: (847) 487-9360
		Mundelein, IL 60060		Email: cseaman@abtc-centers.org
Services Provid				
Evaluations?	No	Provider Meets the following qualifications:		
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main O	ffice Address:	Natalie Seel		Phone: (847) 487-9455
		27255 N. Fairfield Road		Fax: (847) 487-9360
Services Provid	ed:	Mundelein, IL 60060		Email: nseel@abtc-centers.org
Evaluations?	No No	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: LSW
Adult?	No	All evaluation provider qualifications?		
			No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	Dharras (047) 407 0455
Name & Main O	ffice Address:	Edgar F. Sherk 27255 N. Fairfield Road		Phone: (847) 487-9455
		Mundelein, IL 60060		Fax: (847) 487-9360
Services Provid	ed:	,		Email: esherk@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW #149-002963
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main O	ffice Address:	Susan Urban		Phone: (847) 487-9455
		27255 N. Fairfield Road		Fax: (847) 487-9037
Caminaa Duarid		Mundelein, IL 60060		Email: surban@abtc-centers.org
Services Provid		D 11 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1		Language(s): English
Evaluations ?	Yes	Provider Meets the following qualifications:		Licenses: IL LCSW #149-011169
Treatment ?	Yes	All treatment provider qualifications?	Yes	LIGOTISCS. IL LOOW #143-011103
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main O	ffice Address:	Keef Weinstein		Phone: (847) 487-9455
		27255 N. Fairfield Road Mundelein, IL 60060		Fax: (847) 487-9360
Services Provid	ed:	Managen, IL 0000		Email: kweinstein@abtc-centers.org
Evaluations ?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LPC
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main O		Karen Wolownik, MSW	162	Dhono: (947) 497 0455
name & Main O	mce Address:	27255 N. Fairfield Road		Phone: (847) 487-9455
		Mundelein, IL 60060		Fax: (847) 487-9360
Services Provid	ed:	•		Email: kwolownik@abtc-centers.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL-LCSW #149-010954, CSW (Michigan),
Adult ?	Yes	All evaluation provider qualifications?	Yes	Certified Adolescent Sexual Offender Prof



Services Provided:

Sex Offender Management Board Approved Provider List - By County



Whiteside

Bohlen & Associates, SC

Name & Main Office Address: Joseph G. Bohlen, MD, Ph.D. Phone: (217) 546-3100 3001 Spring Mill Drive, Suite D (217) 546-3284 Fax:

Springfield, IL 62704

Email:

Language(s): Evaluations? Yes Provider Meets the following qualifications:

Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Yes No

IL Physicians & Surgeons Licenses:

Braden Counseling Center

Name & Main Office Address: Danielle Calsyn Phone: (815) 787-9000

2580 DeKalb Avenue Fax: (815) 787-9015 Sycamore, IL 60178

dcalsyn@frontiernet.net Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: CADC #21278

Treatment? Yes All treatment provider qualifications? Yes Yes All evaluation provider qualifications? Yes Adult?

Juvenile? Yes All applicant attestation qualifications: Yes

Family Services Agency of DeKalb County, Inc.

Name & Main Office Address: Kathleen M. Alberts, MSW, LCPC Phone (815) 758-8618

14 Health Services Drive Fax: (815) 758-7569 DeKalb, IL 60115

Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC #180-004462; Certified Sex Offender Licenses: Treatment? Yes All treatment provider qualifications? Yes Tx Specialist

Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes Yes

Family, Divorce & Mediation of Ogle County

Name & Main Office Address: Kathleen M. Alberts, MSW, LCPC Phone: (815) 562-8818

1500 West Lincoln Avenue Fax: (815) 562-8818 Rochelle, IL 61068

Fmail:

Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes IL LCPC #180-004462; Certified Sex Offender Licenses:

Treatment? Yes All treatment provider qualifications? Yes Adult?

Tx Specialist Yes All evaluation provider qualifications? Yes Yes Juvenile? All applicant attestation qualifications: Yes

Glenwood Testing Center

Yes

Services Provided:

Juvenile?

Name & Main Office Address: Frank E. Cushing, Psy.D. Phone: (815) 968-8133

> 2823 Glenwood Avenue Fax: (815) 968-4656 Rockford, IL 61101 Fmail: fec@juno.com

> > Yes

Evaluations? Yes Provider Meets the following qualifications:

Language(s): English Licenses: IL LCP #071-002590 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes

Name & Main Office Address: Kyle Cushing, Psy.D. Phone: (815) 968-5342 2823 Glenwood Avenue Fax:

All applicant attestation qualifications:

(815) 968-4656 Rockford, IL 61101 Fmail: drcushing@juno.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCP, Consulting Forensic Examiner Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Yes Yes





Whiteside

Illinois Youth Center (IYC) - Kewanee

Name & Main C	Office Address:	David Allred (IDOC) 2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443		Phone: Fax:	` '	852-3651 852-3515
Services Provid	led:	*		Email:		
Evaluations?	Yes	Provider Meets the following qualifications:	:	Language((s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LCPC #180-001084
Adult?	Yes	All evaluation provider qualifications?	No			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C	Office Address:	Stacey Andrews 2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443		Phone: Fax:		852-3651 852-3515
Services Provid	led:			Email:		
Evaluations?	Yes	Provider Meets the following qualifications:		Language((S):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LCSW
Adult?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C	Office Address:	Victor A. Kersey 2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443		Phone: Fax:		852-3651 852-3515
Services Provid	led:	Newallee, IL 01443		Email:		
Evaluations?	Yes	Provider Meets the following qualifications:	:	Language((s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		None
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C	Office Address:	Katrina Maddox 2021 Kentville Road, P.O. Box 518		Phone: Fax:		852-3651 852-3515
Services Provid	led:	Kewanee, IL 61443		Email:	psych	ngirl75@sbcglobal.net
Evaluations?	Yes	Provider Meets the following qualifications:	:	Language((s):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		IL LPC #178-004175; NCC-National Certified
Adult ?	Yes	All evaluation provider qualifications?	Yes			Counselor
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C		Robert E. Olt 2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443		Phone: Fax: Email:		852-3651 852-3515
Services Provid				Language('c)·	English
Evaluations?	Yes	Provider Meets the following qualifications:		Licenses:	,	NCC; LCPC
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licerises.		NGG, EGI G
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes		/×	
Name & Main C Services Provid		Lisa L. Potter 2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443		Phone: Fax: Email:	(309)	852-3651 852-3515 r9@aol.com
Evaluations?	Yes	Provider Meets the following qualifications:		Language((s):	English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses:		MS, MHP
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C		Kenneth G. Queen	103	Phone:	(300)	852-3651
varie & Mair C	mice Address.	2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443		Fax:	. ,	852-3515
Services Provid				Email:	·0).	English
Evaluations?	Yes	Provider Meets the following qualifications:	•	Language(S):	English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		II LPC 178-004103
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			



Yes

Yes



Whiteside

Juvenile?

Juvenile?

Yes

Yes

Illinois Youth Center (IYC) - Kewanee

Name & Main Office Address: Petrita Salazar 2021 Kentville Road, P.O. Box 518 Fax: (309) 852-3515 Kewanee, IL 61443

Services Provided: Email: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Language(s): English Treatment? Yes All treatment provider qualifications? Yes None Adult? Yes All evaluation provider qualifications? Yes

 Name & Main Office Address:
 Jeffrey P. L. Sim
 Phone:
 (309) 852-3651

 2021 Kentville Road, P.O. Box 518
 Fax:
 (309) 852-3515

Kewanee, IL 61443
Services Provided: Email:

All applicant attestation qualifications:

All applicant attestation qualifications:

Evaluations ? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? No Licenses: IL LCP #071-007028

Adult? Yes All evaluation provider qualifications? No

Robert Young Center for Community Mental Health

Name & Main Office Address: Lisa Curry Phone: (309) 779-2038 4600 3rd Street Fax: (309) 779-2167 Moline, IL 61265

Services Provided:

Evaluations 2 Ves Provider Meets the following qualifications:

Evaluations 2 Ves Provider Meets the following qualifications:

Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW-149-005922, LISW-lowa

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

 Name & Main Office Address:
 Scott Stange 4600 3rd Street
 Phone:
 (309) 779-2031

 Fax:
 (309) 779-2167

Moline, IL 61265
Services Provided:

Moline, IL 61265
Email: stange@trinityqc.com

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW, LISW, Clinical Member ATSA

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

—— Abdul Basit, Ph.D.

Will

Name & Main Office Address: Abdul Basit, Ph.D. Phone: (708) 767-3452

3612 W. Lincoln Highway, Suite 17 Fax: (708) 720-0130
Olympia Fields, IL 60461
Email: abasit97@aol.com

Services Provided: Email:

Evaluations? Yes Provider Meets the following qualifications: Language(s): Arabic , English , Hindi , Urdu
Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCP #071-005712

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? No All applicant attestation qualifications: Yes

Affiliated Psychologists, LTD

 Name & Main Office Address:
 Patrick Hoatlin, LCSW
 Phone:
 (773) 286-3100

 4801 W. Peterson Avenue, Suite 525
 Fax:
 (773) 777-7543

Chicago, IL 60646
Services Provided: Email:

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW #149-011120

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? No All applicant attestation qualifications: Yes





Will

Affiliated	Psycholo	gists, LTD				
Name & Main C	Office Address:	Barry M. Leavitt, Psy.D. 4801 W. Peterson Avenue, Suite 525 Chicago, IL 60646		Phone: Fax:	(773) 28 (773) 77	
Services Provid	led:	Chicago, IL 00040		Email:	ckopeny	y@ap-ltd.com
Evaluations?	Yes	Provider Meets the following qualifications	:	Language	e(s): Er	nglish
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		LCP, Hare Psychopathy Checklist (PCL-R)
Adult ?	Yes	All evaluation provider qualifications?	Yes		C	ertification
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C	Office Address:	Ray Quackenbush 4801 W. Peterson Avenue, Suite 525		Phone:	(773) 28 (773) 77	
		Chicago, IL 60646		Fax:	` '	
Services Provid	led:			Email:		earthlink.net
Evaluations?	Yes	Provider Meets the following qualifications	:	Language	` '	nglish
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		. Psychology License #091-006293, Clinical lember ATSA
Adult ?	Yes	All evaluation provider qualifications?	Yes			ombol / (To/)
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C	Office Address:	Phil Reidda, Ph.D.		Phone:	(773) 28	36-3100
		4801 W. Peterson Avenue, Suite 525 Chicago, IL 60646		Fax:	(773) 77	77-7543
Services Provid	led:	Chicago, IL 00040		Email:	ckopeny	y@ap-ltd.com
Evaluations ?	Yes	Provider Meets the following qualifications	:	Language	e(s): Er	nglish
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:		LCP, Hare Psychopathy Checklist (PCL-R)
Adult ?	Yes	All evaluation provider qualifications?	Yes			ertification, Diplomat American Board
Juvenile ?	Yes	All applicant attestation qualifications:	Yes		Pi	rofessional Psychologists
Name & Main C		Laura T. Schultz, Psy.D.	103	Phone:	(773) 28	36-3100
varile & Main C	mice Address.	4801 W. Peterson Avenue, Suite 525		Fax:	(773) 77	
		Chicago, IL 60646			(113) 11	77-7343
Services Provid	led:			Email:	(a). F.	nalish
Evaluations?	Yes	Provider Meets the following qualifications	:	Language	. ,	
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:	IL	. LCP
Adult ?	Yes	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C	Office Address:	Pamela C. Van Wyk 4801 W. Peterson Avenue, Suite 525 Chicago, IL 60646		Phone: Fax:	` '	77-7543
Services Provid	led:			Email:	•	1@illicom.net
Evaluations?	Yes	Provider Meets the following qualifications	:	Language		nglish
Treatment?	No	All treatment provider qualifications?	Yes	Licenses:		IL-LCPC, IN-LMHC, AL-LMFT, ATSA Clinica Member
Adult ?	No	All evaluation provider qualifications?	Yes		IVI	
Juvenile ?	No	All applicant attestation qualifications:	Yes			
Alternati	ve Behavi	ior Treatment Centers (AB)	TC)			
Name & Main C	Office Address:	Michael Albert 27255 N. Fairfield Road Mundelein, IL 60060		Phone: Fax:	(847) 48 (847) 48	37-9455 37-9360
Services Provid	led:	mandolom, in occor		Email:	malbert	@abtc-centers
Evaluations?	Yes	Provider Meets the following qualifications	:	Language	e(s): Er	nglish
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:	IL	.LPC
Adult ?	No	All evaluation provider qualifications?	Yes			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			
Name & Main C		Jenny Anderson 27255 N. Fairfield Road Mundelein, IL 60060		Phone: Fax:	` '	37-7905 37-9360 on@abtc-centers.org
Services Provid				Email:	•	· ·
Evaluations?	No	Provider Meets the following qualifications	:	Language	` '	nglish
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses:	ΙL	. LSW
Adult?	Yes	All evaluation provider qualifications?	No			
Juvenile ?	Yes	All applicant attestation qualifications:	Yes			





Will

Alternative Behavior Treatment Centers (ABTC)

Name & Main C	Office Address:	Jenifer Brickman 27255 N. Fairfield Road Mundelein, IL 60060		Phone: (847) 487-9455 Fax: (847) 487-9360
Services Provid	led:	Mulidelelli, IL 60060		Email: jbrickman@abtc-centers.org
Evaluations ?	Yes	Provider Meets the following qualifications:		Language(s): English
Freatment?	Yes		⁄es	Licenses: IL LCSW-149-010065
Adult ?	Yes	·	⁄es	
Juvenile ?	Yes	· '	⁄es	
Name & Main O	Office Address:	Arturo Gudino. Jr.		Phone: (847) 487-9455 x226
		715 Lake Street		Fax: (708) 386-8145
Camina Duania	l= -l-	Oak Park, IL 60301		Email: agudino@abtc-centers.org
Services Provid		Describes Marchalle (c. Callerida e escalificado e		Language(s): English , Spanish
Evaluations?	No	Provider Meets the following qualifications:	/	Licenses: IL LCPC#180-004330
Treatment ?	Yes		es.	2001000.
Adult ?	Yes	'	No	
Juvenile ?	Yes		es/	
Name & Main C	mice Address:	Michael Igaravidez, Psy.D. 715 Lake Street		Phone: (847) 487-9455
		Oak Park, IL 60301		Fax: (708) 386-8145
Services Provid	led:	,		Email: migaravidez@abtc-centers.org
Evaluations ?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	⁄es	Licenses: IL LCP #071-006172
Adult ?	Yes		⁄es	
Juvenile ?	Yes	·	⁄es	
Name & Main C	Office Address:	Theresa Jackson		Phone: (847) 487-9455
		715 Lake Street		Fax: (708) 848-6176
Services Provid	lo di	Oak Park, IL 60301		Email: tjackson@abtc-centers.org
		Drovider Mosts the following qualifications:		Language(s): English
Evaluations?	No	Provider Meets the following qualifications:	/	Licenses: IL LSW-#150-006805
Treatment?	Yes	' '	res No	
Adult ?	Yes	' '	No	
Juvenile ?	Yes		es_	DL (0.47) 407 0455
Name & Main C	mice Address:	Dawn Livorsi 27255 N. Fairfield Road		Phone: (847) 487-9455
		Mundelein, IL 60060		Fax: (847) 487-9360
Services Provid	led:			Email: dlivorsi@abtc-centers.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	⁄es	Licenses: None
Adult ?	No	All evaluation provider qualifications?	⁄es	
Juvenile ?	Yes	All applicant attestation qualifications:	⁄es	
Name & Main C	Office Address:	Deborah May		Phone: (847) 487-9455
		27255 N. Fairfield Road		Fax: (847) 487-9360
Services Provid	led:	Mundelein, IL 60060		Email: dmay@abtc-centers.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	· ·	⁄es	Licenses: IL LCSW
Adult?	No	·	res	
Juvenile ?	Yes	·	res res	
Name & Main C		Robin McGinnis, MSW		Phone: (847) 487-9455
ivaille & Maill C	mice Address.	27255 N. Fairfield Road		, ,
		Mundelein, IL 60060		` '
Services Provid				Email: rmcginnis@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	⁄es	Licenses: None
Adult?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	/es	





Will

Alternative Behavior Treatment Centers (ABTC)

Name & Main C	Office Address:	Becky Palmer 715 Lake Street Oak Park, IL 60301		Phone: (708) 386-8145 x23 Fax: (708) 848-6176
Services Provid	led:	Can rain, in cooci		Email: bpalmer802@aol.com
Evaluations?	Yes	Provider Meets the following qualifications	s:	Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Melissa Pannell		Phone: (847) 487-9455 x145
		27255 N. Fairfield Road		Fax: (847) 487-9360
Services Provia	led:	Mundelein, IL 60060		Email: mpannell@abtc-centers.org
Evaluations?	Yes	Provider Meets the following qualifications		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LPC, ABEL Certified
Adult?	Yes	All evaluation provider qualifications?	No	·
Juvenile ?	Yes		Yes	
Name & Main C		All applicant attestation qualifications:	162	Dhono: (0.47) 407 0.455 v.4.46
valle a Mail C	mice Address:	Lauren Parks 27255 N. Fairfield Road		Phone: (847) 487-9455 x146
		Mundelein, IL 60060		Fax: (847) 487-9360
Services Provia	led:			Email: lparks@abtc-centers.org
Evaluations?	Yes	Provider Meets the following qualifications	S:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Kevin J. Robson		Phone: (847) 487-9455 x165
		27255 N. Fairfield Road		Fax: (847) 487-9037
Services Provid	led:	Mundelein, IL 60060		Email: krobson@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: First Aid, CPR Part I, Surrogate PatientTraine
Adult?	No	All evaluation provider qualifications?	No	•
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C		Eva San Pedro	162	Phone: (847) 487-9455
INAME & MAIN C	mice Address.	715 Lake Street		Fax: (708) 386-8145
		Oak Park, IL 60301		,
Services Provid	led:			
Evaluations?	No	Provider Meets the following qualifications	S:	Language(s): English , Spanish
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Carolyn Seaman		Phone: (847) 487-9455 x135
		27255 N. Fairfield Road Mundelein, IL 60060		Fax: (847) 487-9360
Services Provid	led:	Mulidelelli, IL 60000		Email: cseaman@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications	s:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C		Natalie Seel	103	Phone: (847) 487-9455
ivanie o Main C	Audiess.	27255 N. Fairfield Road		, ,
		Mundelein, IL 60060		Fax: (847) 487-9360
Services Provid	led:			Email: nseel@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications	s:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: LSW
Adult ?	No	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	





<u>Will</u>

		ior Treatment Centers (AB	<i>(C)</i>	
Name & Main Office Address: Services Provided:		Edgar F. Sherk 27255 N. Fairfield Road		Phone: (847) 487-9455 Fax: (847) 487-9360
		Mundelein, IL 60060		Email: esherk@abtc-centers.org
Evaluations?	No	Provider Meets the following qualifications		Language(s): English
		Provider Meets the following qualifications		Licenses: IL LCSW #149-002963
Treatment ?	Yes	All treatment provider qualifications?	Yes	12 200 11 11 10 002000
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main O	ffice Address:	Susan Urban 27255 N. Fairfield Road		Phone: (847) 487-9455
		Mundelein, IL 60060		Fax: (847) 487-9037
Services Provid	ed:			Email: surban@abtc-centers.org
Evaluations?	Yes	Provider Meets the following qualifications	:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW #149-011169
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main O		Keef Weinstein	103	Phone: (847) 487-9455
Name & Main O	ilice Address.	27255 N. Fairfield Road		,
		Mundelein, IL 60060		Fax: (847) 487-9360
Services Provid	ed:	,		Email: kweinstein@abtc-centers.org
Evaluations ?	Yes	Provider Meets the following qualifications	:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LPC
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
			162	Disc. (0.47) 407 0455
Name & Main O	mice Address:	Karen Wolownik, MSW 27255 N. Fairfield Road		Phone: (847) 487-9455
		Mundelein, IL 60060		Fax: (847) 487-9360
Services Provid	ed:	Managem, 12 goods		Email: kwolownik@abtc-centers.org
Evaluations?	Yes	Provider Meets the following qualifications	:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL-LCSW #149-010954, CSW (Michigan),
Adult ?	Yes	All evaluation provider qualifications?	Yes	Certified Adolescent Sexual Offender Prof
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
			162	
Assisted A	A <i>warenes</i>	55		
Name & Main O	ffice Address:	Karen L. Smith, MA, LCPC		Phone: (815) 723-2844
		81 N. Chicago Street, Suite 202		Fax: (815) 740-8817
Services Provide	od:	Joliet, IL 60432		Email: karenspc@yahoo.com
		Dravider Mosts the following qualifications		Language(s): English
Evaluations?	Yes	Provider Meets the following qualifications		Licenses: IL LCPC
Treatment ?	Yes	All treatment provider qualifications?	Yes	2001000.
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main O	ffice Address:	Richard D. "Bo" Travis, MA, LCPC		Phone: (815) 723-2844
		81 N. Chicago Street, Suite 202		Fax: (815) 740-8817
Convious Browin	od:	Joliet, IL 60432		Email: botravis@earthlink.net
Services Provid		Duradidas Manta tha Calles Community	_	Language(s): English
Evaluations ?	No	Provider Meets the following qualifications		Licenses: IL LCPC-#180-003461
Treatment ?	Yes	All treatment provider qualifications?	Yes	LICE11969. IL LOFO-#100-003401
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	No	All applicant attestation qualifications:	Yes	
Catholic (Charities			
		Candra E. Jamisan		Phone: (212) 909 1090
Name & Main O	nice Address:	Sandra E. Jamison 651 W. Lake Street		Phone: (312) 808-1080
		Chicago, IL 60606		Fax: (312) 808-6176
Services Provid	ed:			Email: jayds6049@sbcglobal.net
Evaluations ?	Yes	Provider Meets the following qualifications	:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW #149-004566
Adult ?	No	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	





Will

Center for Contextual Change

		tual Change		DI (700) 701 1001 7
Name & Main Office Address: Services Provided:		Don R.J. Castaldi, Psy.D. 9239 Gross Point Road, Suite 300 Skokie, IL 60077		Phone: (708) 524-1301 x2 Fax: (708) 524-1401
		Skokie, il 60077		Email: donc@centerforcontextualchange.org
Evaluations ?	Yes	Provider Meets the following qualifications:		Language(s): English
Freatment?	Yes	• •	Yes	Licenses: Advanced Training in Abel Screen
Adult ?	Yes		Yes	
Juvenile ?	Yes	· ·	Yes	
Name & Main O	ffice Address:	Don R.J. Castaldi, Psy.D. 125 N. Marion Street, Suite 201 Oak Park, IL 60301		Phone: (708) 524-1301 x2 Fax: (708) 524-1401
Services Provid	ed:			Email: donc@centerforcontextualchange.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: Advanced Training in Abel Screen
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C		Joseph J. Cortese 9239 Gross Point Road, Suite 300 Skokie, IL 60077		Phone: (847) 676-4447 x312 Fax: (847) 676-4450 Email: cortese1@comcast.net
Evaluations ?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	• •	Yes	Licenses: IL LCSW #149-000645
Adult?	Yes	·	Yes	
Juvenile ?	Yes	·	Yes	
			res	Dh. ara (0.47) 0.70 4447004
Name & Main C	office Address:	Peg Duros 9239 Gross Point Road, Suite 300 Skokie, IL 60077		Phone: (847) 676-4447 x221 Fax: (847) 676-4450
Services Provid	led:			Email: pegd@centerforcontextualchange.org
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW #149-002016
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main O Services Provid		Joel A. Falco, MA, LCSW 125 N. Marion Street, Suite 201 Oak Park, IL 60301		Phone: (847) 674-4447 x300 Fax: (847) 676-4450 Email: hopecat@hotmail.com
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes		Yes	Licenses: IL LCSW, Clinical Member of ATSA
				,
Adult?	Yes	' '	Yes	
Juvenile ? Name & Main C		All applicant attestation qualifications: Joel A. Falco, MA, LCSW 9239 Gross Point Road, Suite 300 Skokie, IL 60077	Yes	Phone: (847) 674-4447 x300 Fax: (847) 676-4450
Services Provid	led:			Email: hopecat@hotmail.com
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Treatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCSW, Clinical Member of ATSA
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main C		Michael "Mike" Just 125 N. Marion Street, Suite 201 Oak Park, IL 60301		Phone: (847) 676-4447 x301 Fax: (847) 676-4450 Email: justmikejust@sbcglobal.net
Services Provid				
Evaluations?	Yes	Provider Meets the following qualifications:		
Treatment ?	Yes	·	Yes	Licenses: IL LCPC #180-006042; Attorney
Adult ?	Yes	·	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	





Will

Center for Contextual Change

 Name & Main Office Address:
 Michael "Mike" Just 9239 Gross Point Road, Suite 300
 Phone: (847) 676-4447 x301

 Fax: (847) 676-4450

Skokie, IL 60077 Services Provided:

Email: justmikejust@sbcglobal.net

Evaluations? Yes Provider Meets the following qualifications: Language(s): Englis

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC #180-006042; Attorney

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Kelli Underwood Phone: (847) 676-4447 x223

125 N. Marion Street, Suite 201 Fax: (847) 676-4450 Oak Park, IL 60301

Services Provided: Email: kelliunderwoodccc@hotmail.com

Evaluations? Yes Provider Meets the following qualifications: Language(s): English
Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Chuck Lederman, LCSW

 Name & Main Office Address:
 Chuck Lederman, LCSW
 Phone:
 (630) 269-3146

 68 Main Street, P. O. Box 95
 Fax:
 (630) 551-0988

Oswego, IL 60543 Email: chuck60543@aol.com

Services Provided: Email: chuck60543@a

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW

Treatment? Yes All treatment provider qualifications? Yes Licenses:

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Dr. James Simone and Associates, LLC

Name & Main Office Address: James Simone Phone: (815) 258-6685

201 Park Place, Suite 2 Fax: (815) 468-5463

Bourbannais, IL 60914
Services Provided:

Bourbannais, IL 60914
Email: jimdoc21@hotmail.com

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCP #071-005467

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Forensic Psychology Associates

Services Provided: Email: ciba9@worldnet.att.net

Evaluations ? Yes Provider Meets the following qualifications: Language(s):

Treatment? Yes All treatment provider qualifications? Yes Licenses: None
Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Eric Ostrov, J.D., Ph.D., ABPP Phone: (312) 740-9691

445 E. Ohio, Suite 450 Fax: (312) 527-9088
Chicago, IL 60611 Email: eostroy@aol.com

Services Provided: Email: eostrov@aol.com
Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? No All treatment provider qualifications? No Licenses: IL Psy.D. 071-001951, IL Attorney #3128938

English

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes





Forensic Psychology Associates

Name & Main Office Address: Susan Page, Psy.D. Phone: (312) 399-3140 445 E. Ohio, Suite 450 (312) 527-9088 Fax: Chicago, IL 60611 Email: slpage27@aol.com

Services Provided:

Evaluations? No Provider Meets the following qualifications: Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? No Juvenile? Yes All applicant attestation qualifications: Yes Language(s): English Licenses: None

IDHS Treatment & Detention Facility

Name & Main Office Address: Michael P. Bednarz, MD Phone: (815) 740-8781 x232 401 Woodruff Road (815) 740-8817 Fax: Joliet, IL 60432 Email: dhs41an@dhs.state.il.us

Services Provided:

Juvenile?

Juvenile?

No

Yes

Evaluations? No Provider Meets the following qualifications: Treatment? Yes All treatment provider qualifications? Yes Adult? No Yes

All evaluation provider qualifications? Juvenile? No All applicant attestation qualifications: Yes Language(s): English Licenses: Licensed Physician & Surgeon; Controled

License (substance); DEA License; Brd cert internal medicine & psychiatrist

Name & Main Office Address: Mark Brenzinger, PsyD Phone: (815) 740-8781 401 Woodruff Road

(815) 740-8817 Fax: Joliet, IL 60432 Email: ciba9@worldnet.att.net

Services Provided: Language(s): English Evaluations? Provider Meets the following qualifications: Yes

Licenses: None Treatment? Yes All treatment provider qualifications?

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Phone: (815) 740-8781 Robert Brucker, Jr. 401 Woodruff Road Fax: (815) 740-8817 Joliet, IL 60432

dhs4140@dhs.state Email: Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCP-071-006097 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications? Juvenile? No All applicant attestation qualifications: Yes

Name & Main Office Address: Lea B. Chankin, Psy.D. Phone: (815) 740-8781 401 Woodruff Road

Fax: (815) 740-8817 Joliet, IL 60432

Fmail: dhs4120@dhs.state.il.us Services Provided: Language(s): English

All applicant attestation qualifications:

Evaluations? Yes Provider Meets the following qualifications: IL LCP-071-006553 Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications?

Yes

Name & Main Office Address: Jeffrev C. Clausen Phone: (815) 740-8781 401 Woodruff Road

Fax: (815) 740-8817 Joliet, IL 60432 Fmail: jclausen@mc.net Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications: Licenses: IL LCPC 180-005378 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications? Juvenile? No All applicant attestation qualifications: Yes

Name & Main Office Address: **Detrall Dearbone-Collins** Phone: (815) 740-8781 401 Woodruff Road Fax: (815) 740-8817 Joliet, IL 60432

Email: dearbon@cs.com Services Provided: Language(s): English Evaluations? No Provider Meets the following qualifications: Licenses: IL LCPC, CADC, CCJS Treatment? Yes All treatment provider qualifications? Yes

All applicant attestation qualifications:

Adult? Yes All evaluation provider qualifications? No

Yes





Will

IDHS Treatment & Detention Facility

Name & Main C	Office Address:	William DuBois 401 Woodruff Road Joliet, IL 60432	Phone Fax:	` ,	740-8781 x251 740-8817
Services Provid	led:	Joliet, 12 30432	Email:		
Evaluations?	No	Provider Meets the following qualifications:	Langu	age(s): [English
Treatment ?	Yes	All treatment provider qualifications?	es Licens	es: I	L LPC #178-004016
Adult ?	Yes	All evaluation provider qualifications?	lo		
Juvenile ?	No	All applicant attestation qualifications: Ye	es		
Name & Main C	Office Address:	Catherine A. Furtado, Psy.D. 401 Woodruff Road Joliet, IL 60432	Phone Fax:	(815) 7	740-8781 740-8817
Services Provid	led:		Email:		cp@dhs.state.il.us
Evaluations?	No	Provider Meets the following qualifications:	_	•	English
Treatment ?	Yes	All treatment provider qualifications? Yes	es Licens	es: l	None
Adult ?	Yes	All evaluation provider qualifications?	lo		
Juvenile ?	No	All applicant attestation qualifications: Ye	es		
Name & Main C		Steve Gaskell 401 Woodruff Road Joliet, IL 60432	Phone Fax: Email:	(815) 2	740-8781 x246 207-1538 71@gmail.com
Evaluations?		Dravidar Moote the following qualifications:	Langu	_	English
Evaluations ? Treatment ?	Yes	Provider Meets the following qualifications:	Licono	•	L LCP #71006877; GA #002566
	No Voc	All graduation provider qualifications?	10		, 2
Adult ?	Yes	All evaluation provider qualifications?			
Juvenile ?	No No	All applicant attestation qualifications: Ye		/o : =\ =	740.0704
Name & Main C	Office Address:	Guy Groot 401 Woodruff Road Joliet, IL 60432	Phone Fax:	` ,	740-8781 740-8817
Services Provid	led:	00110t, 12 00402	Email:	g.groo	t@mchsi.com
Evaluations?	No	Provider Meets the following qualifications:	Langu	age(s): [English
Treatment?	Yes	All treatment provider qualifications?	es Licens	es: I	L LCPC, CADC, MISA II
Adult ?	Yes	All evaluation provider qualifications?	lo		
Juvenile ?	No	All applicant attestation qualifications: Ye			
Name & Main C	Office Address:	Shan Jumper 401 Woodruff Road Joliet, IL 60432	Phone Fax:	(815) 7	740-8781 x221 740-8817
Services Provid	led:		Email:		15@dhs.state.il.us
Evaluations?	Yes	Provider Meets the following qualifications:	_	•	English
Treatment ?	Yes	All treatment provider qualifications? Yes	es Licens	es: I	L LCP 071-006021
Adult ?	Yes	All evaluation provider qualifications? Yes	es		
Juvenile ?	No	All applicant attestation qualifications: Ye	es		
Name & Main C		Carey Lavaux 401 Woodruff Road Joliet, IL 60432	Phone Fax: Email:	(815) 7	740-8781 740-8810 41@dhs.state.il.us
Evaluations?	No	Provider Meets the following qualifications:	Langu	age(s):	English
Treatment?	Yes	All treatment provider qualifications?	Licono		L LPC-#178-001064
Adult?	Yes	All evaluation provider qualifications?	55		
Juvenile ?	No	All applicant attestation qualifications: Ye			
Name & Main C		··		· (04E) -	7.10 9.79.1
inaille & Main C	mice Audress:	Chad Lewing 401 Woodruff Road Joliet, IL 60432	Phone Fax:	(815) 7	740-8781 740-8817
Services Provid	led:		Email:		ewing@comcast.net
Evaluations?	Yes	Provider Meets the following qualifications:	_	•	English
Treatment ?	Yes	All treatment provider qualifications?	es Licens	es: N	None
Adult ?	Yes	All evaluation provider qualifications?	lo		
Juvenile ?	No	All applicant attestation qualifications: Ye	es		





Will

IDHS Treatment & Detention Facility

Name & Main C	Office Address:	Kimberly S. Litton, Psy.D. 401 Woodruff Road Joliet, IL 60432		Phone: (815) 740-8781 Fax: (815) 740-8817
Services Provid	led:	Jollet, IL 60432		Email: dhs41bb@dhs.state.il.us
Evaluations ?	Yes	Provider Meets the following qualifications	;:	Language(s): English
Freatment?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	No	All applicant attestation qualifications:	Yes	
Name & Main O		Scott W. Maieritsch, Ph.D.		Phone: (815) 740-8781
		401 Woodruff Road		Fax: (815) 740-8817
0	11	Joliet, IL 60432		Email: dhs4139@dhs.state.il.us
Services Provid		Describes Marchalle Callerian small fractions		Language(s): English
Evaluations?	No	Provider Meets the following qualifications		Licenses: None
Treatment?	Yes	All treatment provider qualifications?	Yes	Liberious. None
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	No	All applicant attestation qualifications:	Yes	PI (0.17)
Name & Main O	office Address:	Rhoda Meacham 401 Woodruff Road		Phone: (815) 740-8781 x266
		Joliet, IL 60432		Fax: (815) 740-8817
Services Provid	led:	, 00 .0-		Email:
Evaluations?	Yes	Provider Meets the following qualifications	s:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: LCSW #149-011604
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	No	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Shane M. Reister, Psy.D.		Phone: (815) 740-8781
		401 Woodruff Road		Fax: (815) 740-8780
Soniioos Provide	lod:	Joliet, IL 60432		Email: shanemreister@hotmail.com
Services Provid		Provider Moets the following qualifications		Language(s): English
Evaluations?	No Voc	Provider Meets the following qualifications		Licenses: IL LCP#071-007001
Treatment?	Yes	All evaluation provider qualifications?	Yes	
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	No Mina Address	All applicant attestation qualifications:	Yes	Dhara: (045) 740 0704
Name & Main C	nnce Address:	Janet Sand 401 Woodruff Road		Phone: (815) 740-8781
		Joliet, IL 60432		Fax: (815) 740-8817
Services Provid	led:			Email: dhs41A6@dhs.state.il.us
Evaluations?	No	Provider Meets the following qualifications	::	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	No	All applicant attestation qualifications:	Yes	
Name & Main O	Office Address:	Craig Schiesser, Psy.D.		Phone: (815) 740-8781
		401 Woodruff Road		Fax: (815) 740-8817
Services Provid	led:	Joliet, IL 60432		Email:
Evaluations?	Yes	Provider Meets the following qualifications	:-	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCP-#071-005597
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	No	All applicant attestation qualifications:	Yes	
Name & Main O		Karen Smith	169	Phone: (815) 740-8781
valle & Mail C	mice Address.	401 Woodruff Road		,
		Joliet, IL 60432		Fax: (815) 740-8817
Services Provid	led:			Email: karenspc@yahoo.com
Evaluations?	Yes	Provider Meets the following qualifications	::	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	No	All applicant attestation qualifications:	Yes	





Will

IDHS Treatment & Detention Facility

Name & Main C	Office Address:	Thomas J. Speaker, Ph.D., LCPC 401 Woodruff Road Joliet, IL 60432		Phone: (815) 740-8781 Fax: (815) 740-8817
Services Provid	led:	301101, 12 30 102		Email: tspeaker@sbcglobal.net
Evaluations?	Yes	Provider Meets the following qualifications:	:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC #180-003801, CADC III, WI LCSV
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	No	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Natasha Stumpf 401 Woodruff Road Joliet, IL 60432		Phone: (815) 740-8781 Fax: (815) 740-8817
Services Provid	led:	Jollet, IL 60432		Email:
Evaluations?	No	Provider Meets the following qualifications:	:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LPC-#178-002746, NCC
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	No	All applicant attestation qualifications:	Yes	
Name & Main C		Sylvia Sun		Phone: (815) 740-8781
		401 Woodruff Road		Fax: (815) 740-8817
		Joliet, IL 60432		Email: psysun@yahoo.com
Services Provid				
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English , Mandarin
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCP #071-005619
Adult?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	No	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Phyllis Tolley		Phone: (815) 740-8781
		401 Woodruff Road		Fax: (815) 740-8817
Services Provid	led:	Joliet, IL 60432		Email:
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): Cantonese , English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: None
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	·	Yes	
Name & Main C		All applicant attestation qualifications: Richard D. "Bo" Travis, MA, LCPC	162	Phone: (815) 723-2844
Name & Mam C	mice Address.	401 Woodruff Road		. ,
		Joliet, IL 60432		Fax: (815) 740-8817
Services Provid	led:			Email: botravis@earthlink.net
Evaluations?	No	Provider Meets the following qualifications:	:	Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC-#180-003461
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	No	All applicant attestation qualifications:	Yes	
Name & Main C	Office Address:	Brent Ulrich 401 Woodruff Road Joliet, IL 60432		Phone: (815) 740-8781 x251 Fax: (815) 740-8817
Services Provid	led:			Email: blurich623@juno.com
Evaluations?	No	Provider Meets the following qualifications:		Language(s): English
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: LPC #178-004133
Adult ?	Yes	All evaluation provider qualifications?	No	
Juvenile ?	No	All applicant attestation qualifications:	Yes	
Name & Main C		Raymond Wood, Ph.D.		Phone: (815) 740-8781 x220
a man o		401 Woodruff Road		Fax: (815) 740-8817
0	11	Joliet, IL 60432		Email: dhs4108@dhs.state.il.us
Services Provid				Language(s): English
Evaluations?	Yes	Provider Meets the following qualifications:		
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCP-#071-005813
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile?	No	All applicant attestation qualifications:	Yes	





Will

Kane Cou	ınty Diagı	nostic Center		
Name & Main O	ffice Address:	Timothy Brown, Psy.D. 757 E. Fabyan Parkway Batavia, IL 60510		Phone: (630) 262-4480 Fax: (630) 262-4484
Services Provid	ed:	Balavia, IL 00310		Email: browntimothy@co.kane.il.us
Evaluations?	Yes	Provider Meets the following qualifications:	:	Language(s): English
reatment?	No	All treatment provider qualifications?	No	Licenses: IL LCP #071-003827
Adult ?	Yes	All evaluation provider qualifications?	Yes	
luvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main O		Lesley Kane, Psy.D. 757 E. Fabyan Parkway Batavia, IL 60510		Phone: (630) 262-4480 Fax: (630) 262-4484 Email: kanelesley@co.kane.il.us
Services Provid				
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English Licenses: IL LCP-#071-006757
Treatment ?	No	All treatment provider qualifications?	No	Licenses: IL LCP-#071-006757
Adult ?	Yes	All evaluation provider qualifications?	Yes	
luvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main O Services Provid		Mark J. Kuzia, Psy.D. 757 E. Fabyan Parkway Batavia, IL 60510		Phone: (630) 262-4480 Fax: (630) 262-4484 Email: mjkuzia@netzero.com
Evaluations ?	Yes	Provider Meets the following qualifications:		Language(s): English
Freatment?	No	All treatment provider qualifications?	No	Licenses: None
Adult ?	Yes	All evaluation provider qualifications?	Yes	
luvenile ?	Yes	All applicant attestation qualifications:	Yes	
lame & Main O		Amanda Rosenkoetter 757 E. Fabyan Parkway	103	Phone: (630) 262-4480 Fax: (630) 262-4484
Services Provid	ed.	Batavia, IL 60510		Email: ajrosenkoetter@comcast.net
Evaluations ?	Yes	Provider Meets the following qualifications:		Language(s): English
reatment?	No	All treatment provider qualifications?	No	Licenses: IL LCP
Adult ?	Yes	All evaluation provider qualifications?	Yes	
luvenile ?	Yes	All applicant attestation qualifications:	Yes	
Name & Main O	ffice Address:	Alexandra Tsang, Psy.D. 757 E. Fabyan Parkway Batavia, IL 60510	103	Phone: (630) 444-1081 Fax: (630) 262-4484 Email: tsangalexandra@co.kane.il.us
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English , Polish
Freatment?	No	All treatment provider qualifications?	No	Licenses: IL LCP
Adult?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	
		All applicant attestation qualifications.	162	
Kids Hope	e United			
Name & Main O	ffice Address:	Kristan Cameron 215 N. Milwaukee Avenue Lake Villa, IL 60046		Phone: (847) 245-6570 Fax: (847) 245-6714
Services Provid	ed:			Email: kcameron@kidshopeunited.org
Evaluations?	Yes	Provider Meets the following qualifications:	•	Language(s): English
reatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC 180-002580
dult?	No	All evaluation provider qualifications?	Yes	
uvenile ?	Yes	All applicant attestation qualifications:	Yes	
lame & Main O		Shenandoah Cardwell 215 N. Milwaukee Avenue Lake Villa, IL 60046		Phone: (847) 245-6544 Fax: (847) 245-6714 Fax: (847) 245-6714
Services Provid	ed:			Email: scardwell.LCPC@comcast.net
Evaluations?	Yes	Provider Meets the following qualifications:		Language(s): English
Freatment?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC #180-001256, WI LPC #2906-125 NCC #22818
Adult ?	Yes	All evaluation provider qualifications?	Yes	
Juvenile ?	Yes	All applicant attestation qualifications:	Yes	





Kids Hope United

Name & Main Office Address:	Denny Clouse, MSW, LCSW	Phone:	(847) 741-7140
	1750 E. Main Street, Suite 40	Fax:	(847) 741-2089
	St. Charles, IL 60174		011/111 2000

Email: dclouse@kidshopeunited.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCSW #149-005893, Clinical ATSA Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Dennis Kyrouac Phone: (847) 741-7140

1750 E. Main Street, Suite 40 (847) 741-2089 Fax: St. Charles, IL 60174 Email: dkyrouac@msn.com

Services Provided: Language(s):

English Evaluations? No Provider Meets the following qualifications: Licenses: IAODAPCA Counselor, CADC Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? No Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Liza Simon-Roper Phone: (847) 245-6547 215 N. Milwaukee Avenue

Fax: (847) 245-6714 Lake Villa, IL 60046

Email: Isroper@kidshopeunited.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCSW, WI LCSW, ATSA Member Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Yes All applicant attestation qualifications: Yes Juvenile?

McKibbin, MS, LCPC, Alex E.

Name & Main Office Address: Alex E. McKibbin, MS, LCPC Phone: (630) 456-2519 24402 W. Lockport, Suite 2-B Fax: (815) 230-3652 Plainfield, IL 60544

Email: a.mckibbin@att.net Services Provided: Language(s): English Evaluations? No Provider Meets the following qualifications:

Licenses: IL LCPC-180-001736 Treatment? Yes All treatment provider qualifications? Yes

Adult? No Yes All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes

Nicholas F. O'Riordan, Ph.D.

Name & Main Office Address: #Error Phone: (815) 241-4575

Fax:

Email: droriordan@sbcglobal.net Services Provided:

English Language(s): Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCP #071-3652 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Nickerson and Associates

Name & Main Office Address: Phone: (630) 707-7380 Jerry Lowell P.O. Box 239 (also office in Chicago) Fax: (630) 839-5068

Winfield, IL 60190 Email: jlowellLCSW@msn.com Services Provided:

Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCSW #149-003408 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes





Nickerson and Associates

Name & Main Office Address: Debra Nickerson, Psy.D. (630) 752-9725 Phone: P.O. Box 239 (also office in Chicago)

(630) 752-9726 Fax: Winfield, IL 60190 Email: tnick@aol.com

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCP # 071-006020 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Psycynergy Psych Services

Name & Main Office Address: Dr. J. L. Weems Phone: (773) 671-0466

1131 E. 165th Street Fax: (708) 333-3140 South Holland, IL 60473

dr_weems@hotmail.com Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: IL LCPC, MISA II

Licenses: Treatment? Yes All treatment provider qualifications? Yes Adult? All evaluation provider qualifications? Yes Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Rainbow's End

Name & Main Office Address: Judith A. Gonzalez Phone (708) 748-2000

4747 Lincoln Mall Drive - 420 Fax:

Matteson, IL 60443 Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: Pending LCPC Treatment? Yes All treatment provider qualifications? Yes

Adult ? Nο Yes All evaluation provider qualifications?

Juvenile? Yes All applicant attestation qualifications: Yes

RITAS Ministry

Name & Main Office Address: Judith "Jude" C. Skallerup Phone: (630) 966-0252

325 E. Galena (630) 966-0005 Fax: Aurora, IL 60505

jgonza@sbcglobal.net

Fmail: Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes

Licenses: IL LCPC-180-004615, CSOTS Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Yes

Juvenile? Yes All applicant attestation qualifications:

Robinson, LCSW, Shirley R.

Name & Main Office Address: Shirley R. Robinson Phone: (815) 467-5552

> 24829 S. Tryon Street Fay: Channahon, IL 60410

shirley.robinson@comcast.net Fmail: Services Provided:

Language(s): English Evaluations? No Provider Meets the following qualifications: Licenses: LCSW, BCD

Treatment? Yes All treatment provider qualifications? Yes Yes

Adult? All evaluation provider qualifications? No Juvenile? Yes All applicant attestation qualifications: Yes

Simmons and Associates, Inc.

Name & Main Office Address: Ronald C. Simmons, Psy.D. Phone: (630) 257-6690

P.O. Box 772 Fax: (630) 257-6690 Lemont, IL 60439 rcsandassoc@aol.com

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: IL LCPC #180-000152 Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes Yes



Juvenile?

Sex Offender Management Board Approved Provider List - By County



Suire, Ph.D., David M.

No

Name & Main Office Address: David M. Suire, Ph.D. Phone: (573) 330-5402

1012 W. Columbia, Bldg 28 Fax: Farmington, MO 63640

Email: davidsuire@yahoo.com Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL Psychologist 071-006216; MO Clinical Treatment? No All treatment provider qualifications? No Psychologist; TX Clinical Psychologist Adult? Yes All evaluation provider qualifications? Yes

Yes

Will County Mental Health Department

Name & Main Office Address: Randall Bultman Phone: (815) 774-7326

All applicant attestation qualifications:

501 Ella Avenue Fax: (815) 740-8148 Joliet, IL 60433

Email: rbultman@willcountyhealth.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: None Treatment? Yes All treatment provider qualifications? Yes

Adult? All evaluation provider qualifications? Yes Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: (815) 727-5081 Patricia L. Grosskopf Phone:

501 Ella Avenue (815) 740-8148 Fax:

Joliet, IL 60433 Email: Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes

MA in Clinical Psychology, Certified in Group Licenses: Treatment? Yes All treatment provider qualifications? Therapy

Yes

Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: David K. Koopman Phone: (815) 727-5081

501 Ella Avenue Fax: (815) 740-8148

Joliet, IL 60433 Email: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

IL LCPC-#180-002643 Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications? Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Chris Sandvick Phone: (815) 727-8697

501 Ella Avenue Fax: (815) 740-8148 Joliet, IL 60433

Fmail: Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: None Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes Yes All evaluation provider qualifications? All applicant attestation qualifications:

William "Kip" Hillman, Psy.D.

Yes

Yes

Juvenile?

Juvenile?

Name & Main Office Address: William "Kip" Hillman, Psy.D. Phone: (312) 933-0060 4064 N. Lincoln, #290

Fax: (773) 989-0275 Chicago, IL 60618 kiphillman@yahoo.com Fmail:

Services Provided:

All applicant attestation qualifications:

English Language(s): Evaluations? Provider Meets the following qualifications: Yes Licenses: IL Psychology 071-003686 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes





Youth Service Bureau of Illinois Valley

Name & Main Office Address: Lisa Kay Gustafson (815) 433-3953 Phone: 424 W. Madison (815) 433-3980 Fax: Ottawa, IL 61350 Email: lisa@ysbiv.org Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCPC #180-004529 Treatment? Yes All treatment provider qualifications? Yes

Adult? No All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Name & Main Office Address: Cynthia Robinson Phone: (815) 433-3953 424 W. Madison Fax: (815) 433-3980 Ottawa, IL 61350 Email: cindy@ysbiv.org

Services Provided:

Language(s): Evaluations? Yes Provider Meets the following qualifications: Licenses: All treatment provider qualifications? Yes Treatment? Yes

Adult? No All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

English IL LCSW #149-007877

Williamson

First Judicial Circuit of Illinois-Probation & Court Services

Name & Main Office Address: Marlynn A. Frailey Phone: (618) 993-1840 201 W. Main Fax: (618) 993-1865

Marion, IL 62959 Services Provided:

Evaluations? Yes Provider Meets the following qualifications: Treatment? No All treatment provider qualifications? No

Adult ? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes Yes

Email: mfrailey@firstcircuitprobation.com

Language(s): English

Licenses: CAC; IAODAPCA #6771

Gary Lemmon and Associates, Inc.

Name & Main Office Address: Garv L. Lemmon Phone: (618) 378-3010 904 E. Main Fax: (618) 378-2308

Norris City, IL 62869 glemmon@shawneelink.net Fmail:

Services Provided:

Services Provided:

Evaluations?

Evaluations? Provider Meets the following qualifications: Yes Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes Language(s): IL LCSW-#149-00164, Clinical Member ATSA

Kosmicki, Ph.D., Frank X.

Yes

Name & Main Office Address: Frank X. Kosmicki, Ph.D. Phone: (618) 203-6730 231 W. Main Street Fax: (618) 529-3171

Carbondale, IL 62901

Fmail:

Language(s):

Language(s): English Provider Meets the following qualifications:

Licenses: IL LCP #071-006668 Treatment? No All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Linda Stover and Associates

Name & Main Office Address: Linda Stover, M.S.Ed, LCPC, CCJS, CSOTS Phone: (618) 322-2811 417 E. Calumet Fax: (618) 532-6805

Centralia, IL 62801 Email: Istover@netwitz.net Services Provided:

Yes Evaluations? Provider Meets the following qualifications:

Licenses: Treatment? Yes All treatment provider qualifications? Yes Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Juvenile? Yes Yes

IL LCPC, Certified Criminal Justice Specialist,

ATSA Member, Certified Sex Offender

Treatment Specialist

English





Williamson

Michael E. Althoff, Ph.D.

Name & Main Office Address: Michael E. Althoff, Ph.D. (618) 549-3587 Phone:

201 E. Main, Suite 3D (618) 549-2695 Fax: Carbondale, IL 62901 Email: mealthoff@aol.com

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCP, IL Clinical Member - ATSA Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

<u>Winnebago</u>

Juvenile?

Yes

1st Step Center

Name & Main Office Address: Wendy L. Hall, MA, LCPC Phone: (815) 997-5245

1752 Windsor Road, Suite 205 Fax: (815) 997-5244

IL LCPC

Loves Park, IL 61111

Email: whls@insightbb.com Services Provided: English Language(s): Evaluations? No

Provider Meets the following qualifications: Licenses: Yes All treatment provider qualifications? Treatment? Yes

Adult? Nο All evaluation provider qualifications? No All applicant attestation qualifications: Juvenile? Yes Yes

Braden Counseling Center

Name & Main Office Address: Danielle Calsyn Phone: (815) 787-9000

2580 DeKalb Avenue (815) 787-9015 Fax: Sycamore, IL 60178

Email: dcalsyn@frontiernet.net Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

CADC #21278 Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Brown Counseling & Consulting

Name & Main Office Address: Jeffrey R. Brown Phone: (812) 887-5431

2622 Washington Avenue Fax: (812) 886-3010 Vincennes, IN 47591

Email: lazlo81@charter.net Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: Licenses:

ACSW: LCSW. IL #148-008300 & IN Treatment? Yes Yes All treatment provider qualifications? #34001119A; CADC III; ATSA

Adult? Yes All evaluation provider qualifications? Yes Juvenile? Yes All applicant attestation qualifications: Yes

Centegral HealthSystem/Horizons

Name & Main Office Address: Robert Meyer Phone: (815) 338-9199 527 W. South Street

Fax: (815) 338-9205 Woodstock, IL 60098 rmeyer3@charter.net Email:

Services Provided: English

Language(s): Evaluations? Yes Provider Meets the following qualifications:

Licenses: Ph.D., LCP, Fellow Academy of Forensic Treatment? No All treatment provider qualifications? No Psychologist

Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications: Yes

Clarity Counseling Center, RLLP Name & Main Office Address: Raegan Caras Phone:

All applicant attestation qualifications:

(815) 227-0988 2440 Charles Street, Suite 201 Fax: (815) 227-0992

Rockford, IL 61108 Email: raegan.clarity@sbcglobal.net Services Provided:

English Language(s): Evaluations? Nο Provider Meets the following qualifications:

Licenses: LCSW IL#149-010285 Treatment? Yes All treatment provider qualifications? Yes Adult? No No All evaluation provider qualifications?

Yes



(815) 338-7749

Tx Specialist



Winnebago

Community Counseling Center, Ltd.

Name & Main Office Address: Jeffrey A. Martin Phone: 666 Russell Court, Suite 105

Fax: (815) 338-7728 Woodstock, IL 60098 Email: ccc@imaxx.net

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: IL LCSW 149-003373 Licenses Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes All applicant attestation qualifications: Yes Juvenile? Yes

Family Services Agency of DeKalb County, Inc.

Name & Main Office Address: Kathleen M. Alberts, MSW, LCPC Phone: (815) 758-8618 14 Health Services Drive

Fax: (815) 758-7569 DeKalb, IL 60115 Email:

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications: IL LCPC #180-004462; Certified Sex Offender Licenses: Yes

Treatment? Yes All treatment provider qualifications? All evaluation provider qualifications? Yes Adult? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Family, Divorce & Mediation of Ogle County

Name & Main Office Address: Kathleen M. Alberts, MSW, LCPC Phone (815) 562-8818 1500 West Lincoln Avenue

Fax: (815) 562-8818 Rochelle, IL 61068 Email:

Services Provided:

Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCPC #180-004462; Certified Sex Offender Treatment? Yes All treatment provider qualifications? Yes Tx Specialist

Adult? Yes All evaluation provider qualifications? Yes Yes All applicant attestation qualifications: Juvenile? Yes

Forensic Psych Associates, Ltd.

Name & Main Office Address: Robert H. Gordon, Ph.D. Phone: (312) 917-1610

203 N. LaSalle Street, #2100 Fax: (608) 756-5174

Chicago, IL 60601 rgordon@forensicpsych.com Fmail:

Services Provided:

Language(s): English Evaluations? Provider Meets the following qualifications: Yes IL LCP

Licenses: Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All evaluation provider qualifications? Yes Yes Juvenile? All applicant attestation qualifications: Yes

Glenwood Testing Center

Yes

Yes

Juvenile?

Name & Main Office Address: Frank E. Cushing, Psy.D. Phone: (815) 968-8133 2823 Glenwood Avenue Fax:

(815) 968-4656 Rockford, IL 61101 Fmail: fec@juno.com

Services Provided: Language(s): English Evaluations? Yes Provider Meets the following qualifications:

Licenses: IL LCP #071-002590 Treatment? Yes All treatment provider qualifications? Yes

Adult? Yes All applicant attestation qualifications:

All evaluation provider qualifications? Yes

Name & Main Office Address: Kyle Cushing, Psy.D. Phone: (815) 968-5342 2823 Glenwood Avenue

Fax: (815) 968-4656 Rockford, IL 61101

Fmail: drcushing@juno.com Services Provided: Language(s): English

Evaluations? Yes Provider Meets the following qualifications: Licenses: IL LCP, Consulting Forensic Examiner Treatment? Yes All treatment provider qualifications? Yes

Yes

Yes

Adult? Yes All evaluation provider qualifications? Yes Juvenile? All applicant attestation qualifications:





Winnebago

Jeffrey B. Sundberg

 Name & Main Office Address:
 Jeffrey B. Sundberg
 Phone:
 (815) 332-8342

 P. O. Box 17044, 610 A East State Street
 Fax:
 (815) 332-8342

Rockford, IL 61110
Services Provided:

Email:

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes
Adult? Yes All evaluation provider qualifications? Yes
Juvenile? Yes All applicant attestation qualifications: Yes

Licenses: IL LCSW #149-003876, ACSW, ATSA Member

Latino Family Services, P.C.

Name & Main Office Address: Arturo Hurtado, LCSW, ACSW Phone: (847) 593-7077

825 E. Golf Road, Suite 1133 Fax: (847) 593-7056 Arlington Heights, IL 60005-5200

Services Provided: Email:

Evaluations? Yes Provider Meets the following qualifications: Language(s): English, Spanish

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW-#149-005124, ACSW, ATSA Clinical Member

Adult? Yes All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

UIC College of Medicine-University Psychiatric Services

Name & Main Office Address: J. Geoffrey Magnus Phone: (815) 395-5870
1601 Parkview Avenue Fax: (815) 395-5750

Rockford, IL 61107

Services Provided:

Rockford, IL 61107

Email: gmagnus@uic.edu

Services Provided: Enallis gridagities et al. English

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCSW 149-001110; WI LCSW 2262 123; IL CAC III; WI CADA III; Clinical Member ATSA;

Adult? Yes All evaluation provider qualifications? Yes IL ATSA; WI Sex Offender Tx Network

Juvenile? Yes All applicant attestation qualifications: Yes

Welch, Psy.D., William H.

Name & Main Office Address: William H. Welch, Psy.D. Phone: (815) 316-7604

810 E. State Street, Suite 304 Fax: (815) 316-7614 Rockford, IL 61104

Services Provided: Email: neuropsyd@gmail.com

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCP, ATSA Clinical Member, IL ATSA,

Adult? Yes All treatment provider qualifications? Yes CSOTS

All evaluation provider qualifications? Yes

Juvenile? Yes All applicant attestation qualifications: Yes

Winston J. Hopkins

Yes

Yes

Name & Main Office Address: Winston J. Hopkins Phone: (608) 221-2586

404 Midland Lane Fax: Monona, WI 53716

Services Provided: Email: winstonkarelyn@charter.net

Evaluations? Yes Provider Meets the following qualifications: Language(s): English

All applicant attestation qualifications:

All applicant attestation qualifications:

Treatment? Yes All treatment provider qualifications? Yes Licenses: WI LPC 2503-125; Lic. Advanced Practice

Yes

Yes

Social Worker

Adult? Yes All evaluation provider qualifications? Yes

Woodford

Juvenile?

Juvenile?

Art Therapy and Counseling Services

Name & Main Office Address: Laurie A. Cox Phone: (309) 452-5326 101 E. College Avenue, Suite D Fax: (309) 452-5356

Normal, IL 61761

Services Provided:

Normal, IL 61761

Email: coxlaurie@msn.com

Evaluations? Yes Provider Meets the following qualifications: Language(s): English Language(s): English Language(s): Language(s): English Language(s): Engli

Treatment? Yes All treatment provider qualifications? Yes Licenses: IL LCPC, CADC

Adult? Yes All evaluation provider qualifications? Yes

Generated: 2006 June 23 Page 203 of 204 rpt_somb_ap_by_county





Woodford

Juvenile?

Lutheran Social Services of Illinois

	000.0.	7 11000 01 111111010			
Name & Main Office Address: Services Provided:		Dee Ann Foss 3000 W. Rohmann West Peoria, IL 61604		Phone: (309) 671-0300 x271 Fax: (309) 671-0503	
				Email: deeanne.foss-reimers@lssi.org	
Evaluations?	Yes	Provider Meets the following qualification	ns:	Language(s): English	
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC	
Adult ?	Yes	All evaluation provider qualifications?	Yes		
Juvenile ?	Yes	All applicant attestation qualifications:	Yes		
Name & Main Office Address:		Yvonne Wojtalik		Phone: (309) 671-0300 x245	
		3000 W. Rohmann West		Fax: (309) 671-0503	
Services Provided:		Peoria, IL 61604		Email: yvonne.wojtalik@lssi.org	
Evaluations ?	Yes	Provider Meets the following qualification	ns:	Language(s): English	
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC	
Adult ?	Yes	All evaluation provider qualifications?	Yes		
Juvenile ?	Yes	All applicant attestation qualifications:	Yes		
P. F. Dov	er Counse	eling, LLC			
Name & Main Office Address:		James R. Seavey 538 N. Cherry Street Galesburg, IL 61401		Phone: (309) 495-4924	
				Fax: (309) 495-4993	
Services Provided:		Ga. 662 a. g, 12 61 161		Email: jspfdovercounseling@yahoo.com	
Evaluations?	Yes	Provider Meets the following qualification	ns:	Language(s): English	
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC #180-001434	
Adult ?	Yes	All evaluation provider qualifications?	Yes		
Juvenile ?	Yes	All applicant attestation qualifications:	Yes		
Name & Main Office Address:		Scott A. Smith 538 N. Cherry Street		Phone: (309) 477-2278	
				Fax: (309) 477-3113	
Services Provid	led:	Galesburg, IL 61401		Email: sspfdovercounseling@yahoo.com	
Evaluations?	Yes	Provider Meets the following qualification	ns:	Language(s): English	
Treatment ?	Yes	All treatment provider qualifications?	Yes	Licenses: IL LCPC	
Adult ?	Yes	All evaluation provider qualifications?	Yes		

All applicant attestation qualifications: